

657—5.7 (155A) Registration application form.

5.7(1) *Required information.* The application form for a pharmacy support person registration shall require the following:

- a.* Information sufficient to identify the applicant including, but not limited to, name, address, date of birth, gender, and social security number;
- b.* Educational background;
- c.* Work experience;
- d.* Current place or places of employment;
- e.* Any other information deemed necessary by the board.

5.7(2) *Declaration of current impairment or limitations.* The applicant shall declare any current use of drugs, alcohol, or other chemical substances that in any way impairs or limits the applicant's ability to perform the duties of a pharmacy support person with reasonable skill and safety.

5.7(3) *History of felony or misdemeanor crimes.* The applicant shall declare any history of being charged, convicted, found guilty of, or entering a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100).

5.7(4) *History of disciplinary actions.* The applicant shall declare any history of disciplinary actions or practice restrictions imposed by a state health care professional, licensure, or registration authority.

5.7(5) *Sworn signature.* The applicant shall sign the application under penalty of perjury and shall submit the application to the board with the appropriate fees pursuant to rules 657—5.9(155A) and 657—5.11(155A).