



DIAL Board of Pharmacy Contact Form

Department of Inspections, Appeals,
and Licensing

Submitted On:

Jul 1, 2026, 10:12AM CDT

Full Name	First Name: Carl Last Name: Olsen
Business Name	
Full Address	Street Address: 130 NE Aurora Ave City: Des Moines State: IA Zip: 50313
Email	carl@carl-olsen.com
Phone Number	5153439933
If licensed/registered, please provide the license/registration #:	
Reason for Contact	General Question
Message	Are you considering rescheduling of cannabis following the federal decision to move it to schedule 3 on April 28, 2026? Will you be recommending a corresponding change to the Iowa General Assembly for 2027?
Upload File(s)	2026-08176.pdf DEA-2024-0059-0004_content.pdf DEA-2024-0059-0006_content.pdf
Receipt	0009428