Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov

Board Meeting

November 6, 2013

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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Board Meeting ~ November 6, 2013

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NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the Board may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

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NOTICE IS HEREBY GIVEN that a meeting of the Board has been ordered and called for 10:00 a.m. on Wednesday, November 6, 2013 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 10-21-2013

1. Call to Order
2. Invocation & Pledge of Allegiance
3. Quorum Call
4. Call for Additional Agenda Items
5. Consideration of Minutes
6. Report on Action Items
7. Confirmation of Acts
8. Opportunity for Public Comment
9. Election of Officers
10. Committee Reports
    - A. Finance – Mr. Pitre
      - Consideration of Interim Report for Fiscal Year 2013-2014
      - Consideration of Proposed Budget for Fiscal Year 2014-2015
    - B. Application Review – Mr. Soileau
    - C. Reciprocity – Ms. Hall
      - Consideration of Committee Recommendations re Applications
    - D. Violations – Mr. Bond
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    - G. Tripartite – Mr. Burch
    - H. Regulation Revision – Mr. McKay
      - Consideration of Comments & Testimony from August 27 Public Hearing
    - I. Executive – Mr. Aron
      - Consideration of Policies & Procedures
11. Staff Reports
    - J. Prescription Monitoring Program – Mr. Fontenot
    - K. General Counsel – Mr. Finalet
    - L. Executive Director – Mr. Broussard
12. Request for Opinion: Return of Dispensed Prescriptions to Clinic Pharmacy (David Raines Community Health Center Pharmacy)
13. Request for Consideration of New Rule to Prohibit Physician Ownership of Pharmacies (The Picard Group)
14. Announcements
15. Recess

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M E M O R A N D U M

To: Board Members & Staff

From: Malcolm Broussard

Date: November 1, 2013

Re: Board Meeting Schedule & Arrangements

The next quarterly meeting of the Board and certain of its committees will be held at the Board office on November 5-7, 2013. The schedule of events is as follows:

Tuesday, November 5, 2013

0800	Finance Committee	*Boardroom*
0930	Reinstatement Committee	*Boardroom*
1200	Committee Luncheon	*Boardroom*
1300	Impairment Committee	*Boardroom*
1600 (est.)	Executive Committee	*Boardroom*

Wednesday, November 6, 2013

0700	Reciprocity Committee	*Boardroom*
1000	Board Meeting	*Boardroom*
1200	Board Luncheon	*Boardroom*

Thursday, November 7, 2013

0730	Annual Board Portrait	*Boardroom*
0830	Administrative Hearing	*Boardroom*

[redacted]

Acronyms

AACP	American Association of Colleges of Pharmacy
AAPS	American Association of Pharmaceutical Scientists
AAPT	American Association of Pharmacy Technicians
ACA	American College of Apothecaries
ACCME	Accreditation Council for Continuing Medical Education
ACCP	American College of Clinical Pharmacy
ACE	Advisory Committee on Examinations (NABP)
ACPE	Accreditation Council for Pharmacy Education
ADA	American Dental Association
ADC	automated dispensing cabinet
ADS	automated dispensing system
AFDO	Association of Food & Drug Officials
AFPE	American Foundation for Pharmaceutical Education
AIHP	American Institute of the History of Pharmacy
AMA	American Medical Association
AMCP	Academy of Managed Care Pharmacy
AMS	automated medication system
APEC	Australian Pharmacy Examining Council
APhA	American Pharmacists Association
APPE	advanced pharmacy practice experience
ASAE	American Society of Association Executives
ASAP	American Society for Automation in Pharmacy
ASCP	American Society of Consultant Pharmacists
ASHP	American Society of Health-System Pharmacists
ASPL	American Society for Pharmacy Law
AVMA	American Veterinary Medical Association
AWARxE	NABP consumer protection program
BNDD	Bureau of Narcotics and Dangerous Drugs
BPS	Board of Pharmacy Specialties
CAC	Citizen Advocacy Center
CCAPP	Canadian Council for Accreditation of Pharmacy Programs
CCGP	Commission for Certification in Geriatric Pharmacy
CDC	Centers for Disease Control and Prevention
CDER	Center for Drug Evaluation and Research
CDTM	collaborative drug therapy management
CDS	controlled dangerous substances
CE	continuing education
CFR	Code of Federal Regulations
CHPA	Consumer Healthcare Products Association
CLEAR	Council on Licensure, Enforcement and Regulation
CMI	consumer medication Information
CMS	Centers for Medicare and Medicaid Services
CPD	continuing professional development
CPhA	Canadian Pharmacists Association
CPSC	Consumer Product Safety Commission
DEA	Drug Enforcement Administration
DEQ	La. Department of Environmental Quality
DHH	La. Department of Health and Hospitals
DME	durable medical equipment

DMEPOS	durable medical equipment, prosthetics, orthotics, and supplies
DNV	Det Norske Veritas (Norwegian accreditation organization)
DSM	disease state management
EDK	emergency drug kit
ELTP	Electronic Licensure Transfer Program (NABP)
EPA	Federal Environmental Protection Agency
EPCS	Electronic Prescribing of Controlled Substances (DEA)
ETS	Educational Testing Service
EU	European Union
ExCPT	Examination for the Certification of Pharmacy Technicians
FARB	Federation of Associations of Regulatory Boards
FBI	Federal Bureau of Investigation
FD&C	Federal Food, Drug & Cosmetic Act
FDA	Federal Food & Drug Administration
FIP	Federation Internationale Pharmaceutique
FMI	Food Marketing Institute
FPGEC	Foreign Pharmacy Graduate Examination Committee (NABP)
FPGEE	Foreign Pharmacy Graduate Equivalency Examination (NABP)
FSBPT	Federation of State Boards of Physical Therapy
FSMB	Federation of State Medical Boards
FRC	Foreign Pharmacy Graduate Equivalency Examination Review Committee (NABP)
FTC	Federal Trade Commission
GPhA	Generic Pharmaceutical Association
GPO	US Government Printing Office
gTLD	generic top level domain (Internet addresses)
HCFA	Health Care Financing Administration
HDMA	Healthcare Distribution Management Association
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPDB	Healthcare Integrity and Protection Data Bank
HMO	health maintenance organization
IACP	International Academy of Compounding Pharmacists
ICANN	Internet Corporation for Assigned Numbers and Names
ICPT	Institute for the Certification of Pharmacy Technicians
IDOI	Internet Drug Outlet Identification (NABP)
INEOA	International Narcotic Enforcement Officers Association
IOM	Institute of Medicine
IPPE	introductory pharmacy practice experience
ISMP	Institute for Safe Medication Practices
JCPP	Joint Commission of Pharmacy Practitioners
LAMP	Louisiana Academy of Medical Psychologists
LANP	Louisiana Association of Nurse Practitioners
LAPA	Louisiana Academy of Physician Assistants
LBP	Louisiana Board of Pharmacy
LDA	Louisiana Dental Association
LIPA	Louisiana Independent Pharmacies Association
LPA	Louisiana Pharmacists Association
LPTA	Louisiana Physical Therapy Association
LPTB	Louisiana Physical Therapy Board
LSBD	Louisiana State Board of Dentistry
LSBME	Louisiana State Board of Medical Examiners
LSBN	Louisiana State Board of Nursing

LSBOE	Louisiana State Board of Optometry Examiners
LSBPNE	Louisiana State Board of Practical Nurse Examiners
LSBVM	Louisiana State Board of Veterinary Medicine
LSBWDD	Louisiana State Board of Wholesale Drug Distributors
LSHP	Louisiana Society of Health-System Pharmacists
LSMS	Louisiana State Medical Society
LSNA	Louisiana State Nurses Association
LTC	long term care
LTCF	long term care facility
LVMA	Louisiana Veterinary Medical Association
MPJE	Multistate Pharmacy Jurisprudence Examination (NABP)
MRC	MPJE Review Committee (NABP)
NABP	National Association of Boards of Pharmacy
NABP-F	National Association of Boards of Pharmacy Foundation
NABPLAW	National Association of Boards of Pharmacy – Law Database
NACDS	National Association of Chain Drug Stores
NAMSDL	National Alliance for Model State Drug Laws
NAPLEX	North American Pharmacist Licensure Examination (NABP)
NAPRA	National Association of Pharmacy Regulatory Authorities (Canada)
NASCSA	National Association of State Controlled Substance Authorities
NASPA	National Alliance of State Pharmacy Associations
NASPER	National All Schedules Prescription Electronic Reporting Act
NCC MERP	National Coordinating Council for Medication Error Reporting and Prevention
NCPA	National Community Pharmacists Association
NCPDP	National Council for Prescription Drug Programs
NCPIE	National Council on Patient Information and Education
NCPO	National Conference of Pharmaceutical Organizations
NCSBN	National Council of State Boards of Nursing
NCVHS	National Committee on Vital and Health Statistics
NDC	National Drug Code
NDMA	Nonprescription Drug Manufacturing Association
NIPCO	National Institute for Pharmacist Care Outcomes
NISPC	National Institute for Standards in Pharmacist Credentialing
NOCA	National Organization for Competency Assurance
NPA	National Pharmacy Association
NPC	National Pharmaceutical Council
NPDB	National Practitioner Data Bank
NPTA	National Pharmacy Technician Association
NRC	NAPLEX Review Committee (NABP)
	Federal Nuclear Regulatory Commission
OAL	Optometry Association of Louisiana
OBRA	Omnibus Budget Reconciliation Act
OIG	Office of Inspector General
ONDCP	Office of National Drug Control Policy
ONDD	Office of Narcotics and Dangerous Drugs
OSHA	Occupational Safety and Health Administration
PARE	Pharmacy Assessment, Remediation and Evaluation (NABP)
PBM	pharmacy benefit management
PCAB	Pharmacy Compounding Accreditation Board
PCCA	Professional Compounding Centers of America
PCMA	Pharmaceutical Care Management Association

PCOA	Pharmacy Curriculum Outcomes Assessment (NABP)
PDMA	Prescription Drug Marketing Act
PEBC	Pharmacy Examining Board of Canada
PhRMA	Pharmaceutical Research and Manufacturers of America
PMP	Prescription Monitoring Program
PMP-i	Prescription Monitoring Program Interconnect (NABP)
PTCB	Pharmacy Technician Certification Board
PTCE	Pharmacy Technician Certification Examination
PTEC	Pharmacy Technician Educators Council
RFID/EPC	Radio Frequency Identification / Electronic Product Code
SAMSHA	Federal Substance Abuse & Mental Health Services Administration
TJC	The Joint Commission
TOEFL	Test of English as a Foreign Language
TOEFL iBT	Test of English as a Foreign Language Internet-based Test
TSE	Test of Spoken English
URAC	Utilization Review Accreditation Commission
USP	United States Pharmacopeia / United States Pharmacopeial Convention
USP DI	US Pharmacopeia Dispensing Information
USP-NF	US Pharmacopeia – National Formulary
VAWD	Verified-Accredited Wholesale Distributors (NABP)
Vet-VIPPS	Veterinary-Verified Internet Pharmacy Practice Sites (NABP)
VIPPS	Verified Internet Pharmacy Practice Sites (NABP)
WHO	World Health Organization
WHPA	World Health Professions Alliance

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Minutes

Regular Meeting Wednesday, August 14, 2013 at 10:00 a.m.

Louisiana Board of Pharmacy
3388 Brentwood Drive
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Administrative Hearing Thursday, August 15, 2013 at 8:30 a.m.

Louisiana Board of Pharmacy
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A regular meeting of the Louisiana Board of Pharmacy was held on Wednesday, August 14, 2013 in the Boardroom of the Board's office, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The meeting was held pursuant to public notice, each member received notice, and notice was properly posted.

1. Call to Order
Mr. Carl Aron, President, called the meeting to order at 10:15 a.m.

2. Invocation & Pledge
Mr. Aron called upon Mr. Brian Bond, and he delivered the invocation. Mr. Rhonny Valentine then led the group in the recitation of the Pledge of Allegiance.

Mr. Aron took notice of a new member of the Board attending her first meeting. He recognized Ms. Diane Milano, a pharmacist from Metairie, La. who was appointed by Governor Jindal on June 28 to represent Pharmacy District 1; her six year term will expire on June 30, 2019. She replaced Mr. Joseph Adams, who completed 13 years of service to the Board.

3. Quorum Call
Mr. Aron then called upon the Secretary, Mr. Bond, to call the roll.

Members Present:

Mr. Carl W. Aron
Mr. Brian A. Bond
Mr. Clovis S. Burch
Mr. Ryan M. Dartez
Ms. Jacqueline L. Hall
Mr. Richard M. Indovina
Mr. Marty R. McKay
Ms. Chris B. Melancon
Ms. Diane G. Milano
Mr. Ronald E. Moore
Mr. Blake P. Pitre
Mr. T. Morris Rabb
Ms. Pamela G. Reed
Mr. Don L. Resweber
Dr. Deborah H. Simonson
Mr. Richard A. Soileau
Mr. Rhonny K. Valentine

Staff Present:

Mr. Malcolm J. Broussard, Executive Director
Mr. Carlos M. Finalet, III, General Counsel
Mr. M. Joseph Fontenot, Assistant Executive Director

Guests:

Mr. David Ruckman – Target Pharmacies

Ms. Kathy Puglise – BioScrip Pharmacy
Dr. Marc Stranz – BioScrip Pharmacy
Ms. Janine Juneau – CarePoint Partners
Mr. Brad Reed – Wal-Mart Stores
Mr. Russell Champagne – Kolder, Champagne, Slaven & Co.
Ms. Penny Scruggins – Kolder, Champagne, Slaven & Co.
Ms. Crystal Carter – La. Pharmacists Association
Mr. Carl Gulino – Wal-Mart Stores
Ms. Kori Forster – Humana
Mr. Bud Courson – Courson Nickel
Mr. Jim Nickel – Courson Nickel
Ms. Pat Riddick – Riddick & Associates
Mr. Winston Riddick – Riddick & Associates
Mr. Merrill Patin – Pharmaceutical Specialties
Mr. Randal Johnson – La. Independent Pharmacies Association
Ms. Patricea Angelle – Prescription Compounds
Mr. Devin Richardson – Wal-Mart Stores
Mr. Danny Donato – Omnicare Pharmacies

Mr. Bond certified all 17 members were present, constituting a quorum for the conduct of official business.

4. Call for Additional Agenda Items
Mr. Aron asked if there were any additional agenda items, but none were offered. Mr. Aron then requested authority from the Board to reorder the agenda as necessary for the purpose of adjusting the sequence of various reports or guests. There were no objections to that request.

5. Consideration of Minutes
Mr. Aron reminded the members they had received the draft minutes from the Regular Board Meeting on May 29, 2013, which was held in Baton Rouge, Louisiana. With no objections, he waived the reading thereof. Hearing no requests for amendment or any objection to their approval, Mr. Aron declared the minutes were approved as presented. Mr. Bond reminded the members to sign the Minute Book.

6. Report on Action Items
Mr. Broussard provided an update on the four regulatory proposals approved at the May 29 meeting, as well as the regulatory project for pharmacy technician training programs that became a Final Rule on July 20, 2013.

7. Confirmation of Acts
Pursuant to Mr. Aron's declaration that the officers, committees, and executive director had attended to the business of the Board since the last meeting in accordance with policies and procedures previously approved by the Board, Mr. Soileau moved,

> **Resolved**, that the actions taken and decisions made by the Board officers, Board committees, and Executive Director in the general conduct and transactions of Board business since May 29, 2013

are approved, adopted, and ratified by the entire Board.

Prior to the vote on the motion and during the opportunity for public comment on the motion, Mr. Danny Donato requested the Board to consider an amendment to the pharmacy recordkeeping regulatory proposal approved during the prior Board meeting on May 29. At Mr. Aron's request, Mr. Broussard explained the procedural process for the regulatory proposal at issue and Mr. Donato agreed to re-submit his requested amendment during the public hearing that will be held on that proposal. Thereafter, the motion was adopted after a unanimous vote in the affirmative.

8. Opportunity for Public Comment

Mr. Aron reminded the members and guests that Act 850 of the 2010 Legislature requires all public bodies to provide an opportunity for public comment at all meetings and for each agenda item upon which a vote is to be taken. He solicited general comments on non-agenda items from the guests present, and no comments were offered.

9. Committee Reports

A. Finance Committee

Mr. Aron recognized Mr. Russell Champagne, CPA, from Kolder, Champagne, Slaven & Co. for his presentation of the final report from the previous fiscal year. Mr. Champagne directed the members to the copy of the report in their meeting binder. He reviewed the report and responded to questions from the members. Mr. Pitre noted the committee had met the previous day to review the report; he then moved,

> **Resolved**, that the Board accept the *Final Report for Fiscal Year 2012-2013*, subject to legislative audit.

The motion was adopted after a unanimous vote in the affirmative. Mr. Pitre then directed the members to a proposal to amend the budget for the current fiscal year. He noted the committee had met the previous day to review the report; he then moved.

> **Resolved**, that the Board approve the *Proposed Budget Amendment No. 1 for Fiscal Year 2013-2014*.

The motion was adopted after a unanimous vote in the affirmative. Mr. Aron expressed his appreciation to Mr Champagne for his continued service as a financial advisor to the Board.

Finally, Mr. Pitre expressed his appreciation to the other members of the committee for their work the previous day.

At this point, Mr. Aron re-ordered the agenda to consider the report from the Regulation Revision Committee.

H. Regulation Revision Committee

Mr. Aron called upon Mr. McKay for the committee report. Mr. McKay reported the committee met on July 25 to discuss all the topics on their posted agenda. He reported draft rules on multiple topics would be brought forward at a later date. He then asked Mr. Broussard to brief the members

on the regulatory proposals that were discussed at the May 30 public hearing. Mr. Broussard reported the results of the May 30 public hearing – no comments on the proposal relative to pharmacy technician training programs and the subsequent promulgation of that final rule in July, as well as substantial comments and testimony on the proposal relative to compounding for prescriber use. He directed the members to the compilation of those comments and testimony in their meeting binder.

Mr. McKay reminded the members of their obligation to consider those comments and testimony to determine whether any changes should be made the proposed rule. He also took note of the recent state legislation on the topic and suggested that new legislative language should be added to the proposed rule. Mr. Aron agreed the addition of the new legislative language to the proposed rule would be a substantive change, and he remanded the proposed rule back to the Regulation Revision Committee for their consideration of that new legislation. However, he encouraged the other members of the Board to voice any concerns they may have so the committee members could take those comments into consideration during their deliberation and drafting process. In addition to comments from the members, Mr. Aron also solicited public comments. Two commentators expressed their desire to participate in the committee's further consideration of the proposed rule relative to compounding for prescriber use.

Finally, Mr. McKay expressed his appreciation to the other members of the committee for their ongoing efforts.

At this point, Mr. Aron declared a luncheon recess. It was noted the Board recessed at 11:20 a.m. and reconvened in open session at 12:20 p.m. Mr. Aron re-ordered the agenda to consider the formal request for opinion so the petitioners could have adequate time to complete their interstate travel arrangements.

11. Request for Opinion – Addition of Medications by Non-Pharmacy Practitioners to Parenteral Preparations Previously Compounded by Pharmacies (BioScrip Pharmacy)

Mr. Aron requested Mr. Broussard to provide the historical basis of the request. Mr. Aron then recognized the representatives from BioScrip Pharmacy. Mr. Marc Stranz, PharmD and Ms. Kathy Puglise, RN from BioScrip Pharmacy and Ms. Janine Juneau, RN from CarePoint Partners presented their request to the Board. The petitioners presented their request for some consideration that would allow home infusion nurses to add short stability medications to parenteral nutrition solutions previously compounded by pharmacies.

Dr. Simonson expressed concern for the further manipulation of a complex compounded sterile preparation and suggested such medications should be administered separately. Mr. Rabb expressed his support for the petitioner's request. Mr. Broussard suggested the members of the pharmacy board could not authorize any activity by a practitioner licensed by another agency. Given the impact of pharmacy compounding laws and rules on nursing practice, Mr. Broussard suggested the members consider taking the request under advisement to allow the professional staff from the nursing and pharmacy boards to collaborate and draft a guidance document

for consideration and approval by both boards.

With no objection from the members, Mr. Aron took the request under advisement, directed the staff to collaborate with the nursing board staff to draft a proposed guidance document, and then docket that proposed guidance document for the Board's consideration. Further, he invited the petitioners to provide any additional information relevant to their request.

At this point, Mr. Aron returned to the posted agenda.

9. Committee Reports

B. Application Review

Mr. Aron called upon Ms. Melancon for the committee report. She reported the committee met on July 25 to consider four referrals from the staff. After interviews and deliberation, the committee provided guidance to one applicant, and further, one of the applicants has been referred to a formal administrative hearing before the Board at its November meeting. She then referred the following matters to the Board.

Fred's Pharmacy No. 2679 ~ Applicant for PHY Permit Ms. Melancon moved to authorize the issuance of a pharmacy permit, and then issue a Letter of Warning to the permit holder. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of a pharmacy permit, and then directed the issuance of a Letter of Warning to the permit holder.

Broderick Drell Matthews ~ Applicant for PTC Registration Ms. Melancon moved to deny the application for the registration and refuse to issue the credential. The motion was adopted after a unanimous vote in the affirmative. The Board denied the application and refused to issue the registration.

Ms. Melancon closed her report with appreciation for the other members of the committee and their ongoing efforts. Further, she expressed appreciation for the service opportunity as committee chair and offered her best wishes to Mr. Soileau as the new committee chair.

C. Reciprocity Committee

Mr. Aron called upon Ms. Hall for the committee report. She reported the committee interviewed 25 applicants in the interim since the previous board meeting, and in conformance with the policies and procedures previously approved by the board, had authorized the issuance of pharmacist licenses for those applicants. She noted their names were recorded on the posted committee meeting agenda for that day. She then reported the committee interviewed an additional 25 applicants earlier that day, and their names were also listed on the posted committee agenda, a copy of which was in the meeting binder. She then moved for the Board to approve all 25 applicants for pharmacist licensure by reciprocity. The motion was adopted after a

unanimous vote in the affirmative.

Ms. Hall closed her report with appreciation to her fellow committee members for their work earlier that day.

D. Violations Committee

Mr. Aron called upon Mr. Bond for the committee report. Mr. Bond reported the committee held an informal conference on June 19-20 to consider their posted agenda which included five pharmacists, one pharmacy technician, two pharmacy technician candidates and eight pharmacy permits. He reported the committee was scheduled to meet again on August 28-29, the docket for which listed eight pharmacists, two pharmacy technicians, four pharmacy technician candidates, and nine pharmacy permits.

He then closed his report with appreciation to the other committee members for their ongoing efforts.

E. Impairment Committee

Mr. Aron called upon Mr. Rabb for the committee report. Mr. Rabb reported the committee met the previous day to consider 12 referrals from staff. Mr. Rabb then presented the following files for Board action.

Lanny Joseph Richard (PST.011807) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the license for an indefinite period of time, effective June 18, 2013.

William Francis McCarthy, Jr. (PST.013008) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the license for an indefinite period of time, effective August 1, 2013.

Matthew Marston Lane (PST.018065) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the license for an indefinite period of time, effective August 7, 2013.

Paul Ryan Lemaire (PST.018503) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and suspended the execution of the suspension, then placed the license on probation for five years, effective August 15, 2013, subject to certain terms enumerated in the consent agreement.

Brian Gregory Bazajou (PST.016814) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the previously suspended license, converted the duration of the suspensive period from an indefinite term to a term of five years and suspended the execution of the suspension, then placed the license on probation for five years, effective August 15, 2013, subject to certain terms enumerated in the consent agreement.

Karen Odom Howington (PST.014835) Mr. Rabb moved to grant the respondent's request for termination of all probationary terms. The motion was adopted after a unanimous vote in the affirmative. The Board terminated all probationary terms and restored the license to active and unrestricted status.

David Collins Evans (PST.014181) Mr. Rabb moved to deny the respondent's request for modification of previously imposed probationary terms. The motion was adopted after a unanimous vote in the affirmative. The Board denied the respondent's request for modification of previously imposed probationary terms.

John Oliver Capezzuto (Applicant for Pharmacist License by Reciprocity) Mr. Rabb moved to authorize the issuance of a pharmacist license, and then issue a Letter of Reprimand. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of pharmacist license, and then directed the issuance of a Letter of Reprimand to the respondent.

John Adam Lochridge (Applicant for Pharmacist License by Reciprocity) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of a pharmacist license upon completion of all requirements, ordered the suspension of the license for a period of time concluding on October 23, 2022 and suspended the execution of the suspension, then ordered the placement of the newly-issued license on probation for a period of time concluding on October 23, 2022, subject to certain terms enumerated in the consent agreement.

Elizabeth Farrell Heard (Applicant for Pharmacist License by Reciprocity) Mr. Rabb moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board authorized the issuance of a pharmacist license upon completion of all requirements, ordered the suspension of the license for a period of time concluding on February 5, 2018 and suspended the execution of the suspension, then ordered the placement of the newly-issued license on probation for a period of time concluding on February 5, 2018, subject to certain terms enumerated in the consent agreement.

Mr. Rabb closed his report with appreciation to his fellow committee members for their work the previous day.

F. Reinstatement Committee

Mr. Aron called upon Ms. Melancon for the committee report. She reported the committee had met the previous day to consider six referrals from the staff. She then presented the following files for Board action.

Brian Alan Burford (PST.017587) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the previously lapsed license, contingent upon the satisfaction of certain conditions identified in the consent agreement.

Robert Lee Harger, III (PST.017996) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the previously lapsed license, contingent upon the satisfaction of certain conditions identified in the consent agreement.

Motilall Soodeen (PST.010721) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board deferred any further consideration of the respondent's request for reinstatement of the previously revoked license, pending successful completion of the Multistate Pharmacy Jurisprudence Examination and the Pharmacist Assessment for Remediation Evaluation instruments.

Nikita Antoinetta Bush (CPT.007472) Ms. Melancon moved to grant the respondent's request for reinstatement of the lapsed certificate. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the lapsed certificate.

Ingrid Aisha Hughes (CPT.006479) Ms. Melancon moved to grant the respondent's request for reinstatement of the lapsed certificate. The motion was adopted after a unanimous vote in the affirmative. The Board granted the respondent's request for reinstatement of the lapsed certificate.

Gradney Donald Couvillon (PST.010009) Ms. Melancon moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board granted the applicant's request for reinstatement of the lapsed license, contingent upon the satisfaction of certain conditions identified in the consent agreement.

Ms. Melancon closed her report with appreciation to the other committee members for their work the previous day.

G. Tripartite Committee

Mr. Aron noted the committee had not met since the last Board meeting.

I. Executive Committee

Mr. Aron informed the members the executive office had requested consideration of amendments to several existing policies, one new policy and one contract amendment. He reported the committee met the previous day to review the staff recommendations. He called upon Mr. Rabb to present the committee's recommendations. Mr. Rabb moved,

> **Resolved**, to approve the proposed amendments to the following items in the Board's *Policy & Procedure Manual*:
>
> - *Policy # II.B.7 – Dress Code*;
> - *Policy # II.C.2 – Employment*;
> - *Policy # II.C.3 – Employment Benefits*;
> - *Policy # II.C.5 – Office Hours*;
> - *Policy # II.C.6 – Attendance*;
> - *Policy # II.C.7 – Performance Planning & Review*;
> - *Policy # II.C.9 – Holidays*;
> - *Policy # III.B – Document Depository Program*; and
>
> **Be it further resolved**, to approve the proposed new policy entitled *Policy # II.C.10 – Layoffs & Layoff Avoidance Measures*.

Prior to the vote, Ms. Reed moved to further amend *Policy # II.B.7 – Dress Code*. The motion for the amendment was adopted after a unanimous vote in the affirmative. The amended motion was then adopted after a unanimous vote in the affirmative. Mr. Rabb then moved,

> **Resolved**, to approve the proposed amendment to the existing contract with NexLearn entitled *Appendix D ~ Amendment to "CareerMap License Agreement*."

The motion was adopted after a unanimous vote in the affirmative.

Mr. Aron requested Mr. Broussard review the newly adopted policy relative to layoffs and layoff avoidance measures. Mr. Broussard described the procedures available to state agencies to manage their operations in circumstances where there are insufficient revenues for anticipated expenditures. In particular, the agency must file written plans with the Dept. of State Civil Service. The new policy provides authority for several measures, including elimination of performance adjustments, reduction in work hours, furlough without pay, and incentives for early retirement. Mr. Broussard reminded the members the budget amendment adopted earlier that day included cancellation of all raises and travel reimbursements for staff. He also reported the committee's approval of a plan to reduce printing and postage costs by converting the Board's quarterly newsletter from a document printed and mailed to licensees to an electronic document posted on the Board's website with reminder alerts emailed to the licensees. Further, the office will research the elimination of printed credentials. He assured the members there would be an article in the next newsletter describing these plans as well as plenty of notice prior to implementation of such measures.

Finally, Mr. Aron completed his report with appreciation to his fellow officers for their ongoing efforts.

At this point, Mr. Aron declared a brief recess. The Board recessed at 1:40 p.m. and then reconvened in open session at 2:10 p.m.

11. Staff Reports

J. Prescription Monitoring Program

Mr. Aron called upon Mr. Fontenot for the report. He directed the members to the quarterly statistical report in their meeting binder. He reported on the number of prescription transactions reported to the database, and the number of prescribers and dispensers who had acquired access privileges. He also reported on the number of queries made by those prescribers and dispensers, as well as law enforcement and regulatory agencies.

He reminded the members about the 2009 change in the PMP law that authorized the Board to issue waivers to the duty to report data to the program. He then directed the members to a list of three pharmacies requesting such a waiver. Mr. Soileau moved,

Resolved, to authorize the issuance of PMP reporting waivers to:
> PHY.006723, held by Brand Direct Health Pharmacy,
> PHY.006730, held by Ochsner Medical Center – Baptist Pharmacy, and
> PHY.006417, held by Valley Vet Pharmacy,
once they have executed the standard consent agreement for that purpose.

The motion was adopted after a unanimous vote in the affirmative.

Finally, Mr. Fontenot indicated the completion of his report.

K. Report of General Counsel

Mr. Aron called upon Mr. Finalet for the report. Mr. Finalet reviewed the status of one pending litigation as well as one potential litigation.

Finally, Mr. Finalet indicated the completion of his report.

L. Report of Executive Director

Mr. Aron called upon Mr. Broussard for the report. Mr. Broussard directed the members to his report which was posted in the Boardroom Library prior to the meeting; it was also included in the meeting binder. He reviewed the following topics:

- Meeting Activity
- Reports
  - Census Reports – Credentials & Compliance Divisions
  - Production Reports – Credentials Division
  - Exceptions Report
  - Annual Report

Mr. McKay moved,

Resolved, to approve the *Annual Report* dated July

1, 2013, and further, to authorize the Executive Director to send a copy of the Report to the Office of the Governor, and further, to post a copy on the Board's website.

The motion was adopted after a unanimous vote in the affirmative.

- Examinations
  - MPJE
  - NAPLEX
  - PTCB
- Operations
  - Credentials Division
  - Compliance Division
  - Administrative Division

Mr. Pitre moved,

Resolved, to approve the *Louisiana Compliance Questionnaire for 2013*, and further, to authorize the President and Secretary to execute the document for the Board.

The motion was adopted after a unanimous vote in the affirmative.

- State Activities

2013 Legislature

> Dr. Simonson moved,

Resolved, to approve the June 2013 *Roster of Colleges and Schools of Pharmacy for Fiscal Year 2013-2014.*

The motion was adopted after a unanimous vote in the affirmative.

> Mr. Broussard reviewed the legislation affecting the Board and suggested the propriety of several committee referrals:

Act 110 re delegates for prescribers and dispensers to retrieve data from the PMP database – Mr. Aron referred the topic to the Regulation Revision Committee for the required rulemaking.

Act 282 re non-resident pharmacies and authorized inspections thereof – Mr. Aron referred the topic to the Executive Committee for operational implementation.

Act 168 re pharmacy generated drug for compounding pharmacies – Mr. Aron referred the topic to the Regulation Revision Committee for the required rulemaking.

Act 27 re removal of veterinarians from participation in the prescription monitoring program – Mr. Aron referred the topic to the Regulation Revision

Committee for the required rulemaking.
Board of Nursing
Board of Medical Examiners

- National Activities
  National Association of Boards of Pharmacy (NABP)
  MALTAGON
  NABP-AACP Districts 6-7-8 Annual Meeting
- International Activities
  International Pharmaceutical Federation

At this point, Mr. Aron noted essential completion of the tasks for that day. Given the earlier-than-usual completion time, he requested the pleasure of the members on whether to consider the proposed voluntary consent agreements scheduled for consideration the following day along. He indicated the formal administrative hearing could not be considered at that time but the proposed consent agreements could. The members reached consensus to consider the proposed consent agreements at that time instead of the following day. Mr. Aron then re-ordered the agenda for the following day.

Thursday, August 15, 2013
G. Report of Violations Committee
Mr. Aron called upon Mr. Bond for the committee report. Mr. Bond presented the following files for Board action.

LaShanda Toural Miles (CPT.008886) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the certificate for two years and suspended the execution of the suspension, then placed the certificate on probation for two years, effective August 15, 2013, subject to certain terms enumerated in the consent agreement, and further, assessed investigative and administrative costs.

Custom Pharmacy Solutions (PHY.006113) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the pharmacy permit for an indefinite period of time, effective June 25, 2013, and further, conditioned the reinstatement of the permit upon the satisfaction of certain requirements identified in the consent agreement, and further, assessed a fine of $250 plus administrative costs.

Wellcare Pharmacy & Home Infusion, LLC d/b/a Wellcare Pharmacy & Medical Supply (PHY.006168) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the pharmacy permit for an indefinite period of time, effective July 15, 2013, and further, conditioned the reinstatement of the permit upon the satisfaction of certain requirements identified in the consent agreement, and further, assessed a fine of $250 plus administrative costs.

Pharmacy Alternatives, LLC d/b/a Pharmacy Alternatives of Texas (PHY.006235)

Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit holder, and further, assessed a fine of $5,000 plus investigative and administrative costs.

Lato Drug Co., Inc. d/b/a Post Haste Pharmacy (PHY.006650) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the pharmacy permit for an indefinite period of time, and further, assessed a fine of $500 plus investigative and administrative costs.

Jeffery Paul Bolotte (PST.011492) Mr. Bond moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning, and further, assessed a fine of $250 plus administrative costs.

Mr. Bond indicated the completion of the committee report.

H. Report of General Counsel

Mr. Aron called upon Mr. Finalet for the report. Mr. Finalet presented the following files for Board action.

KEBD Enterprises, Inc. d/b/a Belmar Pharmacy (PHY.006694) Mr. Pitre moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit holder, and further, assessed a fine of $5,000 plus administrative costs.

Ilyssa Monique Johnson (CPT.008541) Mr. McKay moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning, and further, assessed administrative costs.

Greer Laboratories, Inc. d/b/a Greer Pharmacy (PHY.006390) Mr. Soileau moved to approve the proposed voluntary consent agreement. The motion was adopted after a unanimous vote in the affirmative. The Board issued a Letter of Warning to the permit holder, and further, assessed a fine of $5,000 plus administrative costs.

Christian Allen Reuter, Jr. (PST.014543) Dr. Simonson moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the license for an indefinite period of time, effective July 15, 2013.

Cynthia Perkins Little (PTC.018464) Dr. Simonson moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the registration for an indefinite period of time, effective July 24, 2013.

Louis Charles Gambina (PST.011145) Mr. Resweber moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the license for an indefinite period of time, effective August 12, 2013.

Albert John Bauer, III (CPT.010826) Mr. Rabb moved to accept the voluntary surrender of the credential. The motion was adopted after a unanimous vote in the affirmative. The Board accepted the voluntary surrender of the credential, resulting in active suspension of the certificate for an indefinite period of time, effective August 14, 2013.

Andre Stephen Viator (CDS.035358-MD) Mr. McKay moved to suspend the license, based on the voluntary surrender of his medical license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective April 30, 2013.

Ronald Dane Sylvest (CDS.017125-MD) Ms. Melancon moved to suspend the license, based on the voluntary surrender of his medical license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective March 21, 2013.

David Louis Ruegsegger (CDS.021107-DDS) Dr. Simonson moved to suspend the license, based on the suspension of his federal DEA registration. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective June 1, 2013.

Jerry Dwayne Helms (CDS.006972-MD) Ms. Melancon moved to suspend the license, based on the voluntary surrender of his medical license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective June 6, 2013.

Brian Allen Heise (CDS.025779-MD) Mr. McKay moved to suspend the license, based on the suspension of his medical license. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective June 19, 2013.

Howard Eugene Gidden (CDS.027772-MD) Mr. Moore moved to suspend the license, based on the suspension of his federal DEA registration. The motion was adopted after a unanimous vote in the affirmative. The Board suspended the CDS license for an indefinite period of time, effective July 12, 2013.

Mr. Finalet indicated completion of his report. At this point, Mr. Aron returned to the posted agenda.

Wednesday, August 14, 2013

12. Announcements

Mr. Aron reminded the members and staff of the calendar notes and then directed them to that information in their meeting binders.

13. Recess

Mr. Soileau moved to recess. Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron recessed the meeting at 3:15 p.m.

* * * * *

An Administrative Hearing was convened on Thursday, August 15, 2013 in the Boardroom of the Board's office, located at 3388 Brentwood Drive in Baton Rouge, Louisiana. The hearing was held pursuant to public notice, each member received notice, each respondent received notice (unless specifically stated otherwise in the official transcript), and notice was properly posted.

A. Call to Order

Mr. Aron called the meeting to order at 8:30 a.m.

B. Invocation & Pledge of Allegiance

Mr. Aron called upon Mr. Bond for the invocation, then Mr. Pitre led the group in the recitation of the Pledge of Allegiance

C. Quorum Call

Mr. Aron called upon Secretary Bond and he called the roll. After doing so, he certified 14 of the 17 members were present, constituting a quorum for the conduct of official business. Mr. Rabb, Ms. Reed, and Dr. Simonson were absent.

D. Call for Additional Agenda Items

Mr. Aron asked if there were any additional agenda items; none were requested. At his request, the members granted Mr. Aron authority to re-order the agenda with respect to the sequence of cases, witnesses, and other items of business.

E. Opportunity for Public Comment

Mr. Aron reminded the members and guests the Open Meetings Law requires all public bodies to provide an opportunity for public comment at all meetings and prior to the vote on each agenda item. He solicited comments from the guests, but none were offered.

Appearances

Mr. Aron declared the Administrative Hearing in session, and then served as the Hearing Officer. Mr. Carlos Finalet served as the Prosecuting Attorney, Ms. Susan

Erkle was the Official Recorder, and Mr. Malcolm Broussard served as the Hearing Clerk. Without objection, Mr. Aron waived the reading of the posted agenda and instead directed the insertion thereof into these minutes. The posted agenda is re-created here.

NOTICE IS HEREBY GIVEN that an Administrative Hearing has been ordered and called for 8:30 a.m. on Thursday, August 15, 2013 in the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 08-12-2013

A. Call to Order

B. Invocation & Pledge of Allegiance

C. Quorum Call

D. Call for Additional Agenda Items

E. Opportunity for Public Comment

F. Formal Hearings

01.	PST.014998 - Nick Christopher Tran	Case No. 10-0057

G. Report of Violations Committee – Consideration of Voluntary Consent Agreements

02.	CPT.008886 – LaShanda Toural Miles	Case No. 12-0354
03.	PHY.006113 – Custom Pharmacy Solutions	Case No. 13-0122
04.	PHY.006168 – Wellcare Pharmacy & Medical Supply	Case No. 13-0125
05.	PHY.006235 – Pharmacy Alternatives of Texas	Case No. 13-0059
06.	PHY.006650 – Post Haste Pharmacy	Case Nos. 13-0129 & 13-013
07.	PST.011492 – Jeffery Paul Bolotte	Case No. 13-0137

H. Report of General Counsel

Consideration of Voluntary Consent Agreements

08.	PHY.006694 – Belmar Pharmacy	Case No. 13-0183
09.	CPT.008541 – Ilyssa Monique Johnson	Case No. 13-0241
10.	PHY.006390 – Greer Pharmacy	Case No. 13-0240

Consideration of Voluntary Surrenders

11.	PST.014543 – Christian Allen Reuter, Jr.	Case No. 13-0238
12.	PTC.018464 – Cynthia Perkins Little	Case No. 13-0248

13. PST.011145 – Louis Charles Gambina Case No. 13-0285

Consideration of CDS Licenses for Disciplined Practitioners

14. CDS.035358-MD – Andre' Stephen Viator Case No. 13-0168

15. CDS.017125-MD – Ronald Dane Sylvest Case No. 13-0169

16. CDS.021107-DDS – David L. Ruegsegger Case No. 13-0186

17. CDS.006972-MD – Jerry Dwayne Helms Case No. 13-0244

18. CDS.025779-MD – Brian Allen Heise Case No. 13-0245

19. CDS.027772-MD – Howard Eugene Gidden Case No. 13-0255

I. Adjourn

F. Formal Hearings

Mr. Aron excused Mr. Bond and Mr. Burch from participating on the Board's hearing panel for this hearing due to their prior knowledge of the case, which was previously considered by the Violations Committee. Mr. Aron called upon Mr. Finalet and he presented the following case to the members of the Board's hearing panel for their consideration.

Nick Christopher Tran (PST.014998) Mr. Finalet appeared for the Board and noted the absence of the respondent due to his incarceration. Further, he was not represented by counsel. After verifying the respondent's absence, Mr. Aron ruled the hearing would continue as scheduled in the form of a default proceeding. Mr. Finalet presented an opening statement, no witnesses, and five exhibits. He then offered a closing statement, proffered proposed findings of fact, conclusions of law, and board order, and then tendered the matter to the hearing panel for its consideration. Mr. McKay moved to enter into executive session for the purpose of deliberating the disciplinary matter and discussing the respondent's professional competency. The motion was adopted after a unanimous roll call vote in the affirmative.

It was noted the hearing panel entered into executive session at 8:45 a.m. and then returned to open session at 9:10 a.m.

Mr. Soileau moved,

> **Resolved**, that the Board's hearing panel, having heard the testimony and considered the evidence, accept the Findings of Fact as proposed by the Prosecuting Attorney, modify them by amending Item 6 to reflect the absence of the respondent from these proceedings, adopt the amended findings as our own, and then enter them into the hearing record.

The motion was adopted after a unanimous vote in the affirmative. Mr. Soileau then moved,

> **Resolved**, that the Board's hearing panel accept the Conclusions

of Law as proposed by the Prosecuting Attorney, adopt them as our own, and then enter them into the hearing record.

The motion was adopted after a unanimous vote in the affirmative. Mr. Soileau then moved,

Resolved, that the Board's hearing panel enter the following order at this time:

It is ordered, adjudged, and decreed that Louisiana Pharmacist License No. 14998, held by Nick Christopher Tran, shall be, and is hereby revoked, effective on the entry of this order; and further, the respondent shall pay the following assessments:

(1) A fine of $35,000;
(2) The administrative hearing fee of $250; and
(3) The investigative and hearing costs, including the costs of the prosecuting attorney and the official recorder; and

It is further ordered, the acceptance of any future application for the reinstatement of this license, or any application for any other credential issued by the Board, shall be conditioned upon the satisfaction of the following terms:

(1) Respondent shall have paid all assessments levied herein; and
(2) Respondent shall have no pending legal or disciplinary matters against him in any jurisdiction.

The motion was adopted after a unanimous vote in the affirmative.

Mr. Finalet indicated completion of the formal hearings.

I. Adjourn

Mr. Pitre moved to adjourn. Having completed the tasks itemized on the posted agenda, with no further business pending before the Board, and without objection, Mr. Aron adjourned the hearing at 9:15 a.m.

Respectfully submitted,

_____

Brian A. Bond
Secretary

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

NOTICE IS HEREBY GIVEN that a meeting of the Finance Committee has been ordered and called for 8:00 a.m. on Tuesday, November 5, 2013 in the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes final.

Revised 10-20-2013

1. Call to Order
2. Quorum Call
3. Call for Additional Agenda Items
4. Opportunity for Public Comment
5. Consideration of Interim Report for Fiscal Year 2013-2014
6. Consideration of Proposed Budget for Fiscal Year 2014-2015
7. Adjourn

NOTE: *Pursuant to the Open Meetings Law, at LRS 42:6.1, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, or (4) discussions regarding personnel matters.*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov

Finance Committee

Interim Report
Fiscal Year 2013-2014

November 6, 2013

Blake P. Pitre
Chair

Louisiana Board of Pharmacy
FY 2013-2014
Statement of Assets, Liabilities, Equity

	FY 12-13 6/30/2013	FY 13-14 9/30/2013
ASSETS		
> Current Assets		
* Cash		
General Operations		
Whitney Bank	147,965	148,002
Iberia Bank	906,642	426,077
PMP Operations		
Whitney Bank	12,167	12,170
Iberia Bank	484,309	606,940
Hurricane Relief Fund - Whitney Bank	83,054	83,075
Investment Account - Iberia Bank	1,467,662	1,468,090
* *Total Cash*	*3,101,799*	*2,744,354*
* Prepaid Expenses	18,695	0
* *Total Prepaid Expenses*	*18,695*	*0*
* Accounts Receivable	4,685	0
* *Total Accounts Receivable*	*4,685*	*0*
Total Current Assets	*3,125,179*	*2,744,354*
> Fixed Assets		
Land: Lot 5-A, Towne Center Business Park	709,080	709,080
Land: Lot 1-A-2, Leonard Place Subdivision	295,860	295,860
Office Building - 3388 Brentwood Drive	1,049,655	1,052,255
Office Equipment	190,669	195,597
Furniture	144,510	144,510
Software: Licensure & Website	408,560	408,560
Accumulated Depreciation	(533,294)	(569,567)
Total Fixed Assets	*2,265,040*	*2,236,295*
TOTAL ASSETS	***5,390,219***	***4,980,649***
LIABILITIES		
> Current Liabilites		
Accrued salaries and benefits	67,036	0
Unemployment taxes payable	57	32
State taxes withheld	3,423	3,112
State retirement withheld	0	0
Accounts payable	4,319	0
Interest payable	5,555	0
Compensated absences (ST)	51,306	51,306
Building Loan @ Iberia Bank (ST)	71,150	71,150
Total Current Liabilities	*202,846*	*125,600*

Louisiana Board of Pharmacy
FY 2013-2014
Statement of Assets, Liabilities, Equity

	FY 12-13 6/30/2013	FY 13-14 9/30/2013
> Long Term Liabilities		
Compensated absences (LT)	75,562	75,562
Other Post Employment Benefits (OPEB) Payable	929,700	925,404
Building Loan @ Iberia Bank (LT)	961,058	943,648
Total Long Term Liabilities	*1,966,320*	*1,944,614*
TOTAL LIABILITIES	*2,169,166*	*2,070,214*
EQUITY		
Fund Balance - designated	178,905	178,905
Fund Balance @ 06-30-2013	1,525,136	1,824,946
Invested in Fixed Assets	1,232,833	1,221,498
Net Income/Loss	284,179	(314,914)
TOTAL EQUITY	*3,221,053*	*2,910,435*
TOTAL LIABILITIES & EQUITY	***5,390,219***	***4,980,649***

Louisiana Board of Pharmacy
FY 2013-2014
Statement of Revenue, Expenses, and Budget Performance

Revenue

	FY 12-13 6/30/2013	FY 13-14 9/30/2013	FY 13-14 Budget (A#1)
Licenses & Permits			
Pharmacist Renewals	737,100	3,000	737,000
New Pharmacist Licensing Fee	140,100	33,300	140,100
Technician Renewals	295,950	10,450	296,000
Technician Candidate Registrations	33,275	9,175	35,000
Lapsed Credential Fees	43,200	13,000	42,000
Student Registrations	2,560	1,440	3,000
Permits - Pharmacies	251,500	16,475	250,000
Permits - CDS	426,980	83,445	430,000
Permits - Emergency Drug Kits	12,500	925	12,500
Permits - Automated Medication Systems	13,500	1,950	13,500
Permits - Durable Medical Equipment	25,500	51,475	25,500
Examinations			
Reciprocity	40,650	12,000	40,000
Technicians	63,000	19,900	63,000
Penalties			
Licenses and Certificates	7,630	1,250	7,500
Permits	11,482	4,645	11,000
Administrative Fees			
Documents: Copies and Certification Fees	3,712	1,190	3,500
Duplicate Credentials	4,205	825	4,000
Silver Certificates	400	0	500
Original Certificates	8,700	4,200	10,000
NSF Fees	475	200	500
Handling & Mailing Fees	83	21	150
Sale of Goods & Services			
Law Books	5,960	805	6,000
Official Lists of Licensees	6,150	1,500	6,000
USCPSC Inspection Fee	2,250	1,650	2,250
Enforcement Actions			
Hearing Fees	22,250	5,000	24,000
Fines	160,081	21,250	160,000
Investigative Costs	44,133	829	45,000
Prescription Monitoring Program			
Assessments	447,650	83,050	448,000
Grants	40,035	0	0
Miscellaneous	918	170	1,000
TOTAL REVENUE	2,851,929	**383,120**	**2,817,000**

Louisiana Board of Pharmacy
FY 2013-2014
Statement of Revenue, Expenses, and Budget Performance

Expenses

		FY 12-13 6/30/2013	FY 13-14 9/30/2013	FY 13-14 Budget (A#1)
Operations	Rentals - Office & Equipment	5,509	(8,036)	18,000
	Equipment Maintenance	2,873	2,093	4,000
	Telephone	14,952	962	15,000
	Printing	50,742	15,964	47,500
	Postage	43,007	24,781	40,000
	Civil Service Assessment	3,748	4,236	4,000
	Office Insurance (ORM)	8,927	6,272	9,000
	Dues & Subscriptions	28,417	5,094	20,000
	Office Supply Expenses	18,417	3,824	20,000
	Trust Fund Fees	0	0	0
	Financial Service Charges	42,460	13,560	50,000
	Depreciation of Fixed Assets	136,782	36,273	135,000
	Interest Payments on Building Loan	68,025	10,665	68,000
	Office Meeting Expenses	863	0	1,000
	Utilities	9,563	1,558	10,000
	Miscellaneous	14	0	0
Acquisitions		13,187	345	2,500
Personal Services	Salaries	975,927	251,271	1,096,000
	Payroll Taxes (FICA + FUTA)	18,552	4,614	22,500
	Retirement Contributions	279,473	77,934	341,000
	Health Insurance (SEGBP)	112,525	29,773	126,000
	Other Post Employment Benefits (OPEB)	84,798	0	85,000
	Board Member Per Diem	30,975	7,425	31,000
Professional Services	Accounting	21,086	11,772	22,000
	Legal	24,593	2,517	25,000
	Information Systems	89,684	74,958	98,000
	Property Management	18,496	4,136	35,000
	Temp. Labor	16,015	6,184	20,000
	Prescription Monitoring Program	323,814	80,954	360,500
Staff Expenses	ED - Travel	4,145	0	0
	GC - Travel	5,495	0	0
	CO - Travel	6,600	1,884	7,000
	CO - Rental Cars & Fuel	6,307	2,684	10,000
	CO - Education	7,039	4,190	6,000
	House Staff - Travel	50	0	0
	Mileage	29,501	3,218	25,000
Board Expenses				
	Meeting Expenses	15,207	4,261	15,000
	Committee Expenses	8,282	1,085	8,000
	Conventions	15,950	6,458	15,000
	Mileage	15,443	2,932	15,000
	President's Expenses	7,626	2,837	10,000
TOTAL EXPENSES		**2,565,069**	**698,678**	**2,817,000**

Louisiana Board of Pharmacy
FY 2013-2014
Summary of Income Fund Balance Changes

Summary

	FY 12-13 6/30/2013	FY 13-14 9/30/2013	FY 13-14 Budget (A#1)
Income Statement			
Total Revenue	2,851,929	383,120	2,817,000
Total Expenses	2,565,069	698,678	2,817,000
Net Ordinary Income	286,860	(315,558)	0
Other Income & Expenses			
Investment	(2,726)	644	0
Disposl of assets	46	0	0
Net Income	284,180	(314,914)	0

	FY 12-13 6/30/2013	FY 13-14 9/30/2013	FY 13-14 Budget (A#1)
Fund Balance			
Beginning Fund Balance	2,936,874	3,221,054	3,225,061
Total Income	2,849,249	383,764	2,817,000
Total Expenses	2,565,069	698,678	2,817,000
Ending Fund Balance	3,221,054	2,906,140	3,225,061
Reservations of Fund Balance	750,000	2,162,000	2,162,000
Unreserved Fund Balance	2,471,054	744,140	1,063,061

Notes on Reservation of Fund Balance

FY 12-13	Continuing Payroll Obligation	150,000	
	Homeland Maintenance	100,000	
	Debt Service	500,000	
	TOTAL		*750,000*
FY 13-14	Other Post Employment Benefits Payable	929,700	
	Debt Service Payable	1,032,300	
	Continuing Payroll Obligations	150,000	
	Homeland Maintenance	50,000	
	TOTAL		*2,162,000*

IBERIA FINANCIAL SERVICES, LLC
200 West Congress Street
1st Floor
Lafayette, LA 70601
(800) 823-9666

Securities offered through
Essex National Securities, LLC

Not Guaranteed by the Bank	Not FDIC Insured	Not a Deposit

Brokerage Account Statement

* 00093278 02 AV 0.360 02 TR 00403 X109PD08 000000

Account Number: H5E-049797
Statement Period: 08/01/2013 - 09/30/2013

LOUISIANA BOARD OF PHARMACY
3388 BRENTWOOD DR
BATON ROUGE LA 70809-1700

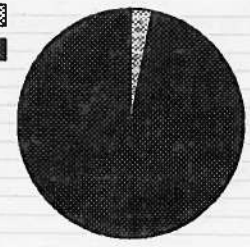
Valuation at a Glance

	This Period
Beginning Account Value	**$1,464,357.85**
Dividends/Interest	0.86
Change in Account Value	659.56
Ending Account Value	$1,465,018.27
Estimated Annual Income	$7,791.69

Your Account Executive:
JOSEPH BARRECA, JR.
(504) 310-7364

Asset Allocation

	This Period	% Allocation
Cash, Money Funds, and Bank Deposits	51,078.10	3%
Fixed Income	1,413,940.17	97%
Account Total (Pie Chart)	**$1,465,018.27**	**100%**



Pie Chart allocation only includes products that are of positive value.

PAR-02-ROLL
A0026287CSF109DP
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Client Service Information

Your Account Executive: X57

JOSEPH BARRECA, JR.
IBERIA FINANCIAL SERVICES
200 W.CONGRESS STREET 1ST FLOOR
LAFAYETTE LA 70501

Contact Information

Telephone Number: (504) 310-7364

Your Account Information

Tax Lot Default Disposition Method

Default Method for Mutual Funds: AVERAGE COST (USING FIRST IN FIRST OUT)
Default Method for Stocks in a Dividend Reinvestment Plan: FIRST IN FIRST OUT
Default Method for all Other Securities: FIRST IN FIRST OUT

Copies of Statement Sent

KOLDER, CHAMPAGNE, SLAVEN & CO
At your request copies of this statement have been sent to the above.

Electronic Delivery

You have not selected any account communications for electronic delivery. To register and turn off paper communications, log in to your account or contact your Account Executive for more information.

Activity Summary (All amounts shown are in base currency: USD)

Credits	This Period	Year-to-Date
Securities		
Securities Bought	0.00	0.00
Total Securities	**$0.00**	**$0.00**
Dividends and Interest	**$0.86**	**$5,515.11**
Distributions	**$0.00**	**$170,000.00**
Cash		
Deposits	0.00	140,000.00
Total Cash	**$0.00**	**$140,000.00**
Total Credits	**$0.86**	**$315,515.11**

Debits	This Period	Year-to-Date
Securities		
Securities Bought	0.00	-534,933.12
Total Securities	**$0.00**	**-$534,933.12**
Dividends and Interest	**$0.00**	**$0.00**
Distributions	**$0.00**	**$0.00**
Cash		
Deposits	0.00	0.00
Total Cash	**$0.00**	**$0.00**
Total Debits	**$0.00**	**-$534,933.12**

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IBERIA FINANCIAL SERVICES, LLC
200 West Congress Street
1st Floor
Lafayette, LA 70601
(800) 823-9666

Securities offered through
Essex National Securities, LLC

Not Guaranteed by the Bank	Not FDIC Insured	Not a Deposit

Brokerage Account Statement

Statement Period: 08/01/2013 - 09/30/2013

Transactions in Date Sequence

Process/ Settlement Date	Activity Type	Description	Quantity	Price	Accrued Interest	Amount	CCY
08/30/13	MONEY MARKET FUND INCOME RECEIVED 370990228	GENERAL MNY MKT CL B				0.44	USD
09/30/13	MONEY MARKET FUND INCOME RECEIVED 370990228	GENERAL MNY MKT CL B				0.42	USD
Total Value of Transactions					**$0.00**	**$0.86**	

The price and quantity displayed may have been rounded.

Portfolio Holdings

Description	Quantity	Opening Balance	Closing Balance	Accrued Income	Income This Year	30-Day Yield
Cash, Money Funds, and Bank Deposits 3.00% of Portfolio						
Money Market						
GENERAL MNY MKT FUND CL B	51,078.100	51,077.24	51,078.10	0.00	19.19	0.01%
Total Money Market		$51,077.24	$51,078.10	$0.00	$19.19	
Total Cash, Money Funds, and Bank Deposits		$51,077.24	$51,078.10	$0.00	$19.19	

Description	Quantity	Market Price	Market Value	Accrued Interest	Estimated Annual Income	Estimated Yield
Fixed Income 97.00% of Portfolio *(In Maturity Date Sequence)*						
Certificates of Deposit						
HUNTINGTON NATL BK COLUMBUS OHIO	120,000.000	100.2550	120,306.00	210.41	600.00	0.49%
CTF DEP ACT/365 0.500% 05/27/14 B/E						
DTD 05/25/12 1ST CPN DTE 11/25/12						
CPN PMT SEMI ANNUAL ON MAY 25 AND NOV 25						
Security Identifier: 446438PP2						
UNION BK N A SAN FRANCISCO CALIF CTF	88,000.000	101.9900	89,751.20	0.00		
DEP ACT/365 0.000% 12/29/14 B/E						
DTD 12/28/11						
Security Identifier: 90521AHS0						

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Portfolio Holdings *(continued)*

Description	Quantity	Market Price	Market Value	Accrued Interest	Estimated Annual Income	Estimated Yield
Fixed Income *(continued)*						
Certificates of Deposit *(continued)*						
ALLY BANK MIDVALE UTAH CTF DEP ACT/365 1.000% 05/26/15 B/E DTD 05/23/12 1ST CPN DTE 11/23/12 CPN PMT SEMI ANNUAL ON MAY 23 AND NOV 23 Security Identifier: 02005QF57	120,000.000	100.5720	120,686.40	427.40	1,200.00	0.99%
UNION BK N A SAN FRANCISCO CALIF CTF DEP ACT/365 0.000% 12/30/15 B/E DTD 12/30/11 INTEREST PAYABLE AT MATURITY Security Identifier: 90521AHP6	88,000.000	106.9100	94,080.80	0.00		
DISCOVER BK GREENWOOD DEL CTF DEP ACT/365 1.250% 05/23/16 B/E DTD 05/23/12 1ST CPN DTE 11/23/12 CPN PMT SEMI ANNUAL ON MAY 23 AND NOV 23 Security Identifier: 254671BG4	120,000.000	100.5620	120,674.40	534.25	1,500.00	1.24%
IBERIABANK LAFAYETTE LA CTF DEP ACT/365 0.000% 05/31/16 B/E DTD 05/31/11 1ST CPN DTE 11/29/11 CPN PMT SEMI ANNUAL ON MAY 31 AND NOV 31 Security Identifier: 45083AAV4	10,000.000	100.5220	10,052.20	0.00		
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY INSTL CTF DEP 0.000% 12/28/16 B/E DTD 12/28/11 1ST CPN DTE 12/28/12 CPN PMT ANNUALLY ON DEC 28 Security Identifier: 06426XCL2	89,000.000	96.9400	86,276.60	0.00		
GOLDMAN SACHS BK USA NEW YORK CTF DEP ACT/365 1.800% 05/23/17 B/E DTD 05/23/12 1ST CPN DTE 11/23/12 CPN PMT SEMI ANNUAL ON MAY 23 AND NOV 23 Security Identifier: 38143ASV8	120,000.000	100.8030	120,963.60	769.32	2,160.00	1.78%
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 ZERO CPN LKD PERFORM OF A BSKT 0.000% 05/30/17 B/E DTD 05/31/12 1ST CPN DTE 05/31/13 CPN PMT ANNUALLY ON MAY 31 Security Identifier: 06740ATS8	83,000.000	92.4500	76,733.50	0.00		
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 0.000% 04/27/18 B/E DTD 04/30/13 1ST CPN DTE 04/29/14 CPN PMT ANNUALLY ON APR 27 Security Identifier: 06740AYS2	160,000.000	91.4400	146,304.00	0.00		

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Portfolio Holdings *(continued)*

Description	Quantity	Market Price	Market Value	Accrued Interest	Estimated Annual Income	Estimated Yield
Fixed Income *(continued)*						
Certificates of Deposit *(continued)*						
BANK OF THE WEST INSTL CTF DEP PROGRAM BOOK ENTRY INSTL CTF DEP 0.000% 04/30/18 B/E DTD 04/29/13 1ST CPN DTE 04/29/14 CPN PMT ANNUALLY ON APR 29 Security Identifier: 06426XGL8	155,000.000	94.9700	147,203.50	0.00		
BARCLAYS BK DEL WILMINGTON CTF DEP ACT/365 ANNUALLY LKD TO S&P 500 0.000% 07/30/18 B/E DTD 07/31/13 1ST CPN DTE 07/30/14 CPN PMT ANNUALLY ON JUL 30 Security Identifier: 06740AA41	85,000.000	97.3800	82,773.00	0.00		
JPMORGAN CHASE BK NA COLUMBUS OHIO CTF DEP DTD 07/31/2013 ACT/365 AT-MATURITY 0.000% 07/31/18 B/E DTD 07/31/13 Security Identifier: 48124JS41	125,000.000	95.0000	118,750.00	0.00		
Total Certificates of Deposit:	1,363,000.000		$1,334,555.20	$1,941.38	$5,460.00	
U.S.Treasury Securities						
UNITED STATES TREAS NTS INFLATION INDEXED NOTES TIPS 1.250% 07/15/20 B/E DTD 07/15/10 Moody Rating AAA Security Identifier: 912828NM8 Factor: 1.07111000 Effective Date: 09/30/13 Current Face Value: 26,777.750	25,000.000[6]	109.4060	29,296.47	70.04		
Total U.S. Treasury Securities:	25,000.000		$29,296.47	$70.04		
Total Current Face Value:	26,777.750					

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Portfolio Holdings *(continued)*

Description	Quantity	Market Price	Market Value	Accrued Interest	Estimated Annual Income	Estimated Yield
Fixed Income *(continued)*						
U.S. Government Bonds						
[1]FEDERAL NATL MTG ASSN BENCHMARK NTS 4.625% 10/15/13 B/E DTD 09/26/03 1ST CPN DTE 04/15/04 CPN PMT SEMI ANNUAL ON APR 15 AND OCT 15 Moody Rating AAA S & P Rating AA+ Security Identifier: 31359MTG8	50,000.000[1]	100.1770	50,088.50	1,059.90	2,312.50	4.61%
Total U.S. Government Bonds:	50,000.000		$50,088.50	$1,059.90	$2,312.50	
Total Fixed Income:	1,438,000.000		$1,413,940.17	$3,071.32	$7,772.50	

	Market Value	Accrued Interest	Estimated Annual Income
Total Portfolio Holdings	$1,465,018.27	$3,071.32	$7,791.69

[1] This bond is maturing.

[6] The Current Face value represents the outstanding principal balance of the underlying security. The Current Face value is determined by multiplying the current factor times the original face amount of the security. Factors may change over time and are obtained from sources we believe to be reliable.

Portfolio Holdings Disclosures

Pricing

This section includes the net market value of the securities in your account on a settlement date basis, including short positions, at the close of the statement period. The market prices have been obtained from sources which we believe to be reliable. Pershing may not use the closing price of the particular exchange or marketplace where your position was purchased as the "Market Price." Securities for which a price is not available are marked ""N/A"" and are omitted from the Total.

The estimated annual income (EAI) and estimated current yield (ECY) figures are estimates and for informational purposes only. These figures are not considered to be a forecast or guarantee of future results. These figures are computed using information from providers believed to be reliable; however, no assurance can be made as to the accuracy. Since interest and dividend rates are subject to change at any time, and may be affected by current and future economic, political, and business conditions, they should not be relied on for making investment, trading, or tax decisions. These figures assume that the position quantities, interest and dividend rates, and prices remain constant. A capital gain or return of principal may be included in the figures for certain securities, thereby overstating them. Refer to www.pershing.com/business_continuity.html for specific details as to formulas used to calculate the figures. Accrued interest represents interest earned but not yet received.

THE AS OF PRICE DATE ONLY APPEARS WHEN THE PRICE DATE DOES NOT EQUAL THE STATEMENT DATE.

Reinvestment

The dollar amount of Mutual Fund distributions, Money Market Fund dividend income, Bank Deposit interest income, or dividends for other securities shown on your Statement may have been reinvested. You will not receive confirmation of these reinvestments. Upon written request to your financial institution, information pertaining to these transactions, including the time of execution and the name of the person from whom your security was purchased. In dividend reinvestment transactions, Pershing acts as your agent and receives payment for order flow.

Option Disclosure

Information with respect to commissions and other charges incurred in connection with the execution of option transactions has been included in confirmations previously furnished to you. A summary of this information is available to you promptly upon your written request directed to your introducing firm. In order to assist your introducing firm in maintaining current background and financial information concerning your option accounts, please promptly advise them in writing of any material change in your investment objectives or financial situation. Expiring options which are valuable are exercised automatically pursuant to the exercise by exception procedure of the Options Clearing Corporation. Additional information regarding this procedure is available upon written request to your introducing firm.

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Portfolio Holdings Disclosures *(continued)*

Certificates of Deposit
Please be advised that the secondary market for CDs is generally illiquid; the actual value of CDs may be different from their purchase price; and a significant loss of principal could result if your CDs are sold prior to maturity. In the event that the CDs listed above do not indicate a market valuation, an accurate market value could not be determined. In the event that a price is listed above for your CDs, Pershing has obtained a price from sources deemed to be reliable or has priced your CDs using a matrix formula. Prices are estimates and the actual value you may obtain for your CD may be different if you elect to sell your CD in the secondary maket.

Foreign Currency Transactions
Pershing may execute foreign currency transactions as principal for your account. Pershing may automatically convert foreign currency to or from U.S. dollars for dividends and similar corporate action transactions unless you instruct your financial organization otherwise. Pershing's currency conversion rate will not exceed the highest interbank conversion rate identified from customary banking sources on the conversion date or the prior business day, increased by up to 1%, unless a particular rate is required by applicable law. Your financial organization may also increase the currency conversion rate. This conversion rate may differ from rates in effect on the date you executed a transaction, incurred a charge, or received a credit. Transactions converted by agents (such as depositories) will be billed at the rates such agents use.

Proxy Vote
Securities not fully paid for in your margin account may be lent by Pershing to itself or others in accordance with the terms outlined in the Margin Agreement. The right to vote your shares held on margin may be reduced by the amount of shares on loan. The Proxy Voting Instruction Form sent to you may reflect a smaller number of shares entitled to vote than the number of shares in your margin account.

Ratings
This statement may contain credit rating information obtained from Standard & Poor's. Reproducing and distributing any information received from Standard & Poor's is not permitted without prior written authorization from Standard & Poor's. Standard & Poor's does not guarantee the accuracy, completeness, timeliness or availability of any information. Standard & Poor's is not responsible for any errors or omissions, regardless of the cause, or for the results of using such content. Standard & Poor's makes no express or implied warranties including warranties of merchantability or fitness for a particular purpose. Standard & Poor's shall not be legally responsible for any fees, costs, expenses or losses in connection with the use of their content. Credit ratings are opinions and not statements of facts; are not recommendations to purchase, hold or sell securities; and do not address suitability for investment purpose. Credit ratings should not be relied upon as investment advice.

Money Market Fund Detail

Date	Activity Type	Description	Amount	Balance
Sweep Money Market Fund				
GENERAL MNY MKT FUND CL B				
Account Number: 0000671452 Current Yield: 0.01% Activity Ending: 09/30/13				
08/01/13	Opening Balance		51,077.24	51,077.24
08/30/13	Deposit	INCOME REINVEST	0.44	51,077.68
09/30/13	Deposit	INCOME REINVEST	0.42	51,078.10
09/30/13	**Closing Balance**			**$51,078.10**
Total All Money Market Funds				**$51,078.10**

Messages

Pursuant to the Securities Exchange Act of 1934, Pershing LLC (Pershing), a BNY Mellon company, provides individual investors with certain financial information on a semi-annual basis.

Messages *(continued)*

Pershing's June Statement of Financial Condition is now available. On June 30, 2013, Pershing's net capital of $1.6 billion was 12.92% of aggregate debit balances and exceeded the minimum requirements by $1.4 billion.

Pershing is also required to provide the most recent financial information as of this statement mailing. In accordance with this requirement, note that on July 31, 2013, Pershing's net capital of $1.7 billion was 13.56% of aggregate debit balances and exceeded the minimum requirement by $1.5 billion.

A copy of the June 30, 2013, Statement of Financial Condition is available at pershing.com/statement_of_financial_condition.html. You may also request a free, printed copy by calling (888) 860-8510 or (201) 413-4200, option #5.

Although a money market mutual fund seeks to preserve the value of your investment at $1 per share, it is possible to lose money by investing in a money market mutual fund. Please see the money market mutual fund's prospectus or contact your investment professional for additional information.

Privacy Policy - Important Notice: Our Privacy Commitment to You

Why You Are Getting This Notice. This notice explains how we handle your personal information. We are required by law to give this notice to you annually. You are getting a copy because you are: A current customer of Essex National Securities, LLC (ENSI) or one of our affiliated insurance agencies; or considering becoming our customer.

Who We Are. ENSI and its affiliates were selected by your bank or credit union to provide you with access to: Mutual funds; Fixed and variable annuities; Other securities; Insurance products. ENSI is wholly owned by Essex National Holding Company LLC, which is majority owned by Samson Essex LLC. This notice applies to: ENSI; Essex National Insurance Agency, Inc.; FSB Investment Services Corporation (NY), ABS Associates of New York, Emigrant Agency, Iberia Financial Services, LLC, C&S Securities Corporation and Essex of the Pacific Insurance Agency.

We Protect Your Privacy. We have technical, physical and procedural standards in place to protect your information. Our employees are allowed to access your information when their jobs require it. This would be for reasons such as to open your account or answer a question for you.

Information We Collect. This may be non-public personal or financial information that we collect directly from you or from other sources. Information collected may include: Personal information, such as your name and address; Financial information, such as your income and taxes; and Health related if you are applying for insurance. We use the information we collect to: Open accounts; Provide customer services; and Conduct routine business functions, such as auditing our records.

Information We Share. We do not share customer information with other companies for marketing purposes. We do have a right to share your information to conduct our business. This could include personal, financial or health information. We may need to disclose your information in order to service your business transactions. We may share information with service providers that work with us to complete transactions you request. We may share information with your bank or credit union to service your contract or account. We may share your personal and transaction information with the bank or credit union at which you opened your account, in order for them to verify compliance with our contractual arrangements and compliance with applicable securities, insurance, and banking regulations. And, we may disclose it as legally permitted or required. This could include to a governmental authority, an auditor, or a potential acquirer. We may use your data to solicit you to purchase another product or service offered through ENSI as allowed by law. After your product or service with us has ended, we may share your information with your agent or broker. You have the right to review the information we have about you. You must make this request in writing. If a claim or legal proceeding is pending, we will generally not make any information we have collected available to you. If you believe any of the information we have is in error, you may write to us and request a correcion.

Your Trust Is Important To Us. It is our most valuable asset. We are committed to the protection of your information whether you are a current, future or former customer. As part of this commitment, we will not share your personal information with non-affiliated companies for the purpose of marketing products and services to you.

SIPC NOTICE: You may obtain information about SIPC (including the SIPC brochure) by contacting SIPC at (202) 371-8300 or online at **http://www.sipc.org**. We will maintain all correspondence in our files.

Please address any letters to: ENSI, 550 Gateway Dr, Suite 210, Napa, CA 94558 Attn: Compliance Department

Would you like to receive these notices electronically?

To help reduce unnecessary paper waste and energy expended to mail privacy notices, we'd like your help by allowing us to send future notices in an electronic format via e-mail. An additional benefit is that you'll be notified of any changes in our Privacy Policy immediately.

Messages *(continued)*

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To enroll for e-mail privacy notices and confirm your enrollment in a single, easy step, just visit **http://www.ensinet.com/privacy**

Important Arbitration Disclosures and Important Arbitration Agreement

Important Arbitration Disclosures

- All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award, unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

Important Arbitration Agreement

Any controversy between you and Pershing LLC shall be submitted to arbitration before the Financial Industry Regulatory Authority. No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action, who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until; (I) the class certification is denied; (II) the class is decertified; or (III) the client is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein. The laws of the State of New York govern.

Pershing's contact information is as follows: Pershing LLC; Legal Department; One Pershing Plaza; Jersey City, New Jersey 07399; (201) 413-3330.

TERMS AND CONDITIONS

GENERAL INFORMATION

1. ANY FREE CREDIT BALANCE CARRIED FOR YOUR ACCOUNT REPRESENTS FUNDS PAYABLE UPON DEMAND WHICH, ALTHOUGH PROPERLY ACCOUNTED FOR ON PERSHING'S BOOKS OF RECORD, ARE NOT SEGREGATED AND MAY BE USED IN THE CONDUCT OF ITS BUSINESS.

2. ALL ORDERS AND TRANSACTIONS SHALL BE SOLELY FOR YOUR ACCOUNT AND RISK SHALL BE SUBJECT TO THE CONSTITUTION, RULES, REGULATIONS, CUSTOMS, USAGES, RULINGS AND INTERPRETATIONS OF THE EXCHANGE OR MARKET AND THE CLEARING FACILITY, IF ANY, WHERE THE TRANSACTIONS ARE EXECUTED AND/OR SETTLED, OR IF APPLICABLE, OF THE FINANCIAL INDUSTRY REGULATORY AUTHORITY AND TO ALL APPLICABLE LAWS AND REGULATIONS.

3. WHENEVER YOU ARE INDEBTED TO PERSHING LLC ("PERSHING") FOR ANY AMOUNT, ALL SECURITIES HELD BY IT FOR YOU IN ANY ACCOUNT IN WHICH YOU HAVE ANY INTEREST SHALL SECURE ALL YOUR LIABILITIES TO PERSHING, AND PERSHING MAY IN ITS DISCRETION AT ANY TIME, WITHOUT TENDER, DEMAND OR NOTICE TO YOU, CLOSE OR REDUCE ANY OR ALL OF YOUR ACCOUNTS BY PUBLIC OR PRIVATE SALE OR PURCHASE OR BOTH OF ALL OR ANY SECURITIES CARRIED IN SUCH ACCOUNTS; ANY BALANCE REMAINING DUE PERSHING TO BE PROMPTLY PAID BY YOU.

4. WHENEVER YOU ARE INDEBTED TO PERSHING FOR ANY AMOUNT, ALL SECURITIES CARRIED FOR YOUR ACCOUNT ARE OR MAY BE, WITHOUT FURTHER NOTICE TO YOU, LOANED OR PLEDGED BY PERSHING, EITHER SEPARATELY OR UNDER CIRCUMSTANCES WHICH WILL PERMIT THE COMMINGLING THEREOF, WITH OTHER SECURITIES FOR ANY AMOUNT LESS THAN, EQUAL TO OR GREATER THAN YOUR LIABILITIES TO PERSHING, BUT NOT UNDER CIRCUMSTANCES FOR AN AMOUNT PROHIBITED BY LAW.

5. TITLE TO SECURITIES SOLD TO YOU, WHERE PERSHING HAS ACTED AS PRINCIPAL, SHALL REMAIN WITH PERSHING UNTIL THE ENTIRE PURCHASE PRICE IS RECEIVED OR UNTIL THE SETTLEMENT DATE, WHICHEVER IS LATER.

6. YOU MAY HAVE RECEIVED CONFIRMATIONS FOR TRANSACTIONS WHICH DO NOT APPEAR ON YOUR STATEMENT. IF SO, THE TRANSACTIONS WILL APPEAR ON YOUR NEXT PERIODIC STATEMENT. SUCH TRANSACTIONS MUST BE CONSIDERED BY YOU WHEN COMPUTING THE VALUE OF YOUR ACCOUNT. THIS IS ESPECIALLY TRUE IF YOU HAVE WRITTEN OPTIONS WHICH HAVE BEEN EXERCISED.

7. IF YOU MAINTAIN A MARGIN ACCOUNT, THIS IS A COMBINED STATEMENT OF YOUR GENERAL ACCOUNT AND A SPECIAL MEMORANDUM ACCOUNT MAINTAINED FOR YOU UNDER REGULATION T OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM. THE PERMANENT RECORD OF THE SEPARATE ACCOUNT AS REQUIRED BY REGULATION T IS AVAILABLE FOR YOUR INSPECTION UPON REQUEST.

8. INTEREST CHARGED ON DEBIT BALANCES IN YOUR ACCOUNT APPEARS ON THE STATEMENT. THE RATE OF INTEREST AND PERIOD COVERED ARE INDICATED. THE RATE MAY CHANGE FROM TIME TO TIME DUE TO FLUCTUATIONS IN MONEY RATES OR OTHER REASONS. INTEREST IS COMPUTED AS DESCRIBED IN MATERIAL PREVIOUSLY FURNISHED TO YOU. PLEASE CONTACT YOUR FINANCIAL INSTITUTION IF YOU DESIRE ADDITIONAL COPIES.

9. DIVIDENDS, INTEREST AND OTHER DISTRIBUTIONS SHOWN ON THIS STATEMENT WERE CLASSIFIED AS TAXABLE OR NONTAXABLE BASED ON CERTAIN INFORMATION KNOWN AS OF THE DISTRIBUTION DATE. THIS CLASSIFICATION IS SUBJECT TO CHANGE AND IS SOLELY INTENDED FOR USE AS GENERAL INFORMATION. AFTER YEAR END, PERSHING IS REQUIRED TO PROVIDE TAX INFORMATION TO THE INTERNAL REVENUE SERVICE AND OTHER GOVERNMENTAL AUTHORITIES. AT THAT TIME PERSHING WILL PROVIDE THAT INFORMATION ON THE ANNUAL TAX INFORMATION STATEMENT TO YOU; USE THAT STATEMENT TO PREPARE YOUR TAX FILINGS. THE TAX STATEMENT ALSO INCLUDES OTHER USEFUL INFORMATION TO ASSIST IN ACCUMULATING THE DATA TO PREPARE YOUR TAX RETURNS.

10. PERSHING DOES NOT PROVIDE TAX, INVESTMENT OR LEGAL ADVISORY SERVICES AND NO ONE ASSOCIATED WITH PERSHING IS AUTHORIZED TO RENDER SUCH ADVICE. DO NOT RELY UPON ANY SUCH ADVICE, IF GIVEN. INVESTORS ARE ENCOURAGED TO CONSULT THEIR TAX ADVISORS TO DETERMINE THE APPROPRIATE TAX TREATMENT OF THEIR BUSINESS.

11. PERSHING MAY TRADE FOR ITS OWN ACCOUNT AS A MARKET MAKER, SPECIALIST, ODD LOT DEALER, BLOCK POSITIONER, ARBITRAGEUR OR INVESTOR. CONSEQUENTLY, AT THE TIME OF ANY TRANSACTION YOU MAY MAKE, PERSHING MAY HAVE A POSITION IN SUCH SECURITIES, WHICH POSITION MAY BE PARTIALLY OR COMPLETELY HEDGED.

12. IF AVERAGE PRICE TRANSACTION IS INDICATED ON THE FRONT OF THIS STATEMENT YOUR FINANCIAL INSTITUTION OR PERSHING MAY HAVE ACTED AS PRINCIPAL, AGENT OR BOTH. DETAILS AVAILABLE UPON REQUEST.

13. A FINANCIAL STATEMENT OF PERSHING IS AVAILABLE FOR YOUR PERSONAL INSPECTION AT PERSHING'S OFFICES. A COPY OF IT WILL BE MAILED UPON YOUR WRITTEN REQUEST OR YOU CAN VIEW IT ONLINE AT PERSHING.COM.

14. THIS STATEMENT SHOULD BE RETAINED FOR YOUR RECORDS.

THE ROLE OF PERSHING

PERSHING CARRIES YOUR ACCOUNT AS CLEARING BROKER PURSUANT TO A CLEARING AGREEMENT WITH YOUR FINANCIAL INSTITUTION. PERSHING MAY ACCEPT FROM YOUR FINANCIAL INSTITUTION WITHOUT INQUIRY OR INVESTIGATION (I) ORDERS FOR THE PURCHASE AND SALE OF SECURITIES AND OTHER PROPERTY AND (II) ANY OTHER INSTRUCTIONS CONCERNING YOUR ACCOUNT. PERSHING IS NOT RESPONSIBLE OR LIABLE FOR ANY ACTS OR OMISSIONS OF YOUR FINANCIAL INSTITUTION OR ITS EMPLOYEES AND IT DOES NOT SUPERVISE THEM. PERSHING PROVIDES NO INVESTMENT ADVICE NOR DOES IT ASSESS THE SUITABILITY OF ANY TRANSACTION OR ORDER. PERSHING ACTS AS THE AGENT OF YOUR FINANCIAL INSTITUTION AND YOU AGREE THAT YOU WILL NOT HOLD PERSHING OR ANY PERSON CONTROLLING OR UNDER COMMON CONTROL WITH IT LIABLE FOR ANY INVESTMENT LOSSES INCURRED BY YOU.

PERSHING PERFORMS SEVERAL KEY FUNCTIONS AT THE DIRECTION OF YOUR FINANCIAL INSTITUTION. IT ACTS AS CUSTODIAN FOR FUNDS AND SECURITIES YOU MAY DEPOSIT WITH IT DIRECTLY OR THROUGH YOUR FINANCIAL INSTITUTION OR THAT IT RECEIVES AS THE RESULT OF SECURITIES TRANSACTIONS IT PROCESSES.

INQUIRIES CONCERNING THE POSITIONS AND BALANCES IN YOUR ACCOUNT MAY ONLY BE DIRECTED TO THE PERSHING CUSTOMER SERVICE DEPARTMENT AT (201) 413-3333. ALL OTHER INQUIRIES REGARDING YOUR ACCOUNT OR ACTIVITY SHOULD BE DIRECTED TO YOUR FINANCIAL INSTITUTION.

FOR A DESCRIPTION OF OTHER FUNCTIONS PERFORMED BY PERSHING PLEASE CONSULT THE DISCLOSURE STATEMENT PROVIDED TO YOU UPON THE OPENING OF YOUR ACCOUNT.

YOUR FINANCIAL INSTITUTION IS RESPONSIBLE FOR ADHERENCE TO THE SECURITIES LAWS, REGULATIONS AND RULES WHICH APPLY TO IT REGARDING ITS OWN OPERATIONS AND THE SUPERVISION OF YOUR ACCOUNT, ITS SALES REPRESENTATIVES AND OTHER PERSONNEL. YOUR FINANCIAL INSTITUTION IS ALSO RESPONSIBLE FOR APPROVING THE OPENING OF ACCOUNTS AND OBTAINING ACCOUNT DOCUMENTS; THE ACCEPTANCE AND, IN CERTAIN INSTANCES, EXECUTION OF SECURITIES ORDERS; THE ASSESSMENT OF THE SUITABILITY OF THOSE TRANSACTIONS, WHERE APPLICABLE; THE RENDERING OF INVESTMENT ADVICE, IF ANY, TO YOU AND IN GENERAL, FOR THE ONGOING RELATIONSHIP THAT IT HAS WITH YOU.

PERSHING MAY CAPTURE AND STORE DATA ABOUT YOU SUCH AS YOUR FINANCIAL INFORMATION AND INVESTMENT OBJECTIVES. HOWEVER, PERSHING IS NOT REVIEWING THIS INFORMATION AND EVALUATING WHETHER YOUR INVESTMENTS COMPORT WITH YOUR FINANCIAL STATUS AND OBJECTIVES AND YOU HEREBY RELEASE PERSHING FROM ANY LIABILITY TO DO SO. SIMILARLY, PERSHING MAY CAPTURE AND STORE INFORMATION ABOUT WHETHER A BROKER OR AN INTRODUCING FIRM IS REGISTERED IN A GIVEN STATE. YOU HEREBY RELEASE PERSHING FROM ANY LIABILITY TO REVIEW THIS DATA OR TO EVALUATE WHETHER A PARTICULAR SECURITY IS REGISTERED OR EXEMPT FROM REGISTRATION IN YOUR STATE.

THIS NOTICE IS NOT MEANT AS A DEFINITIVE ENUMERATION OF EVERY POSSIBLE CIRCUMSTANCE, BUT AS A GENERAL DISCLOSURE. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR IF YOU WOULD LIKE ADDITIONAL COPIES OF THE DISCLOSURE STATEMENT, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

PERSHING IS A MEMBER OF THE SECURITIES INVESTOR PROTECTION CORPORATION (SIPC®). PLEASE NOTE THAT SIPC DOES NOT PROTECT AGAINST LOSS DUE TO MARKET FLUCTUATION. IN ADDITION TO SIPC PROTECTION, PERSHING PROVIDES COVERAGE IN EXCESS OF SIPC LIMITS. FOR MORE DETAILED INFORMATION PLEASE VISIT:
WWW.PERSHING.COM/STRENGTH_STABILITY.HTML

THIS STATEMENT WILL BE DEEMED CONCLUSIVE AND AN ACCOUNT STATED UNLESS YOU ADVISE PERSHING IN WRITING OF ANY OBJECTION TO IT WITHIN TEN DAYS AFTER RECEIPT. A YOU ARE ADVISED TO REPORT PROMPTLY ANY INACCURACY OR DISCREPANCY IN YOUR ACCOUNT (INCLUDING UNAUTHORIZED TRADING) TO YOUR FINANCIAL ORGANIZATION AND PERSHING, THE CUSTODIAN OF YOUR ACCOUNT. PLEASE BE ADVISED THAT ANY ORAL COMMUNICATION SHOULD BE RE-CONFIRMED IN WRITING TO FURTHER PROTECT YOUR RIGHTS, INCLUDING YOUR RIGHTS UNDER THE SECURITIES INVESTOR PROTECTION ACT.

YOUR FINANCIAL ORGANIZATION'S CONTACT INFORMATION CAN BE FOUND ON THE FIRST PAGE OF THIS STATEMENT. PERSHING'S CONTACT INFORMATION IS AS FOLLOWS: PERSHING LLC; LEGAL DEPARTMENT; ONE PERSHING PLAZA; JERSEY CITY, NEW JERSEY 07399; (201) 413-3330. ERRORS AND OMISSIONS EXCEPTED.

PAYMENT FOR ORDER FLOW AND ORDER ROUTING POLICIES DISCLOSURES [REGULATION NMS—RULE 607(A)(1)–(2)]

PERSHING SENDS CERTAIN EQUITY ORDERS TO EXCHANGES, ELECTRONIC COMMUNICATION NETWORKS, OR BROKER-DEALERS DURING NORMAL BUSINESS HOURS AND DURING EXTENDED TRADING SESSIONS. CERTAIN OF THESE VENUES PROVIDE PAYMENTS TO PERSHING OR CHARGE ACCESS FEES TO PERSHING DEPENDING UPON THE CHARACTERISTICS OF THE ORDER AND ANY SUBSEQUENT EXECUTION. IN ADDITION PERSHING MAY EXECUTE CERTAIN EQUITY ORDERS AS PRINCIPAL. THE DETAILS OF THESE PAYMENTS AND FEES ARE AVAILABLE UPON WRITTEN REQUEST. PERSHING RECEIVES PAYMENTS FOR DIRECTING LISTED OPTIONS ORDER FLOW TO CERTAIN OPTION EXCHANGES. COMPENSATION IS GENERALLY IN THE FORM OF A PER OPTION CONTRACT CASH PAYMENT.

BEST EXECUTION: NOTWITHSTANDING THE PREVIOUS PARAGRAPH REGARDING PAYMENT FOR ORDER FLOW, PERSHING SELECTS CERTAIN MARKET CENTERS TO PROVIDE EXECUTION OF OVER-THE-COUNTER AND EXCHANGE-LISTED SECURITIES TRANSACTIONS WHICH AGREE TO ACCEPT ORDERS, TRANSMITTED ELECTRONICALLY UP TO A SPECIFIED SIZE, AND TO EXECUTE THEM AT OR BETTER THAN THE NATIONAL BEST BID OR OFFER (NBBO). ON CERTAIN LARGER ORDERS, OR IF THE DESIGNATED MARKET CENTERS DO NOT MAKE A MARKET IN THE SUBJECT SECURITY, PERSHING DIRECTLY CONTACTS MARKET CENTERS TO OBTAIN AN EXECUTION. THE DESIGNATED MARKET CENTERS TO WHICH ORDERS ARE AUTOMATICALLY ROUTED ARE SELECTED BASED ON THE CONSISTENT HIGH QUALITY OF THEIR EXECUTIONS IN ONE OR MORE MARKET SEGMENTS AND THEIR ABILITY TO PROVIDE OPPORTUNITIES FOR EXECUTIONS AT PRICES SUPERIOR TO THE NBBO. PERSHING ALSO REGULARLY REVIEWS REPORTS FOR QUALITY OF EXECUTION PURPOSES.

WRAP ACCOUNT CUSTOMERS WHO ELECTED NOT TO RECEIVE IMMEDIATE CONFIRMATION OF TRANSACTIONS

THE FOLLOWING TERMS AND CONDITIONS ARE APPLICABLE ONLY IF YOUR ACCOUNT IS AN INVESTMENT ADVISORY ACCOUNT AND THE TRANSACTION CONFIRMATIONS ARE NOT SENT TO YOU (SENT ONLY TO YOUR FIDUCIARY) PURSUANT TO YOUR INSTRUCTION.

1. THE FOLLOWING INFORMATION WILL BE FURNISHED TO YOU UPON REQUEST TO YOUR FINANCIAL INSTITUTION ("INTRODUCING FIRM") WITH RESPECT TO ANY TRANSACTION FOR WHICH A CONFIRMATION WAS NOT SENT TO YOU: THE MARKET UPON WHICH ANY TRANSACTION WAS EXECUTED; THE TIME OF DAY THAT ANY TRANSACTION WAS EXECUTED; THE NAME OF THE PERSON FROM WHOM ANY SECURITY WAS PURCHASED OR TO WHOM SUCH SECURITY WAS SOLD; THE SOURCE AND AMOUNT OF OTHER COMMISSIONS RECEIVED IN CONNECTION WITH ANY TRANSACTION; AND A COPY OF THE TRANSACTION CONFIRMATION.

2. YOUR INTRODUCING FIRM EFFECTED EACH TRANSACTION FOR WHICH A CONFIRMATION WAS NOT SENT TO YOU AS YOUR AGENT.

3. IN CONNECTION WITH EACH EQUITY SECURITY AND CERTAIN OTHER SECURITIES SOLD, YOUR INTRODUCING FIRM CHARGES TO YOU, AND REMITS TO A REGULATORY ORGANIZATION OR NATIONAL SECURITIES EXCHANGE, A "TRANS. FEE." PERSHING CALCULATES THIS FEE BASED ON AMOUNTS PAID BY YOUR INTRODUCING FIRM TO THE APPLICABLE REGULATORY ORGANIZATION OR NATIONAL SECURITIES EXCHANGE. THIS, IN TURN, IS BASED ON THE VALUE OF THE APPLICABLE SECURITIES SOLD. TO DETERMINE THE EXACT AMOUNT OF THIS FEE WITH RESPECT TO ANY TRANSACTION, PLEASE CONTACT YOUR INTRODUCING FIRM.

4. YOUR INTRODUCING FIRM DOES NOT RECEIVE ANY PAYMENT FOR ORDER FLOW FOR ANY TRANSACTION FOR WHICH A CONFIRMATION WAS NOT SENT TO YOU.

5. CALL FEATURES MAY EXIST FOR SECURITIES. CALL FEATURES FOR FIXED INCOME SECURITIES MAY AFFECT YIELD. COMPLETE INFORMATION WILL BE PROVIDED UPON REQUEST.

6. IF ANY TRANSACTION INVOLVES AN ASSET-BACKED SECURITY, INCLUDING A MUNICIPAL COLLATERALIZED MORTGAGE OBLIGATION, WHICH REPRESENTS AN INTEREST IN OR IS SECURED BY A POOL OF RECEIVABLES OR OTHER FINANCIAL ASSETS THAT ARE SUBJECT CONTINUOUSLY TO PREPAYMENT, THEN THE ACTUAL YIELD OF SUCH SECURITY MAY VARY ACCORDING TO THE RATE AT WHICH THE UNDERLYING RECEIVABLES OR OTHER FINANCIAL ASSETS ARE PREPAID. INFORMATION CONCERNING THE FACTORS THAT AFFECT YIELD (INCLUDING AT A MINIMUM ESTIMATED YIELD, WEIGHTED AVERAGE LIFE, AND THE PREPAYMENT ASSUMPTIONS OF UNDERLYING YIELD) WILL BE FURNISHED TO YOU UPON REQUEST TO YOUR INTRODUCING FIRM.

7. THE RATINGS THAT APPEAR IN THE DESCRIPTION OF SOME FIXED INCOME SECURITIES HAVE BEEN OBTAINED FROM RATINGS SERVICES WHICH PERSHING BELIEVES TO BE RELIABLE; HOWEVER, PERSHING CANNOT GUARANTEE THEIR ACCURACY. SECURITIES FOR WHICH A RATING IS NOT AVAILABLE ARE MARKED "UNRATED."

IF ANY OF THE ABOVE TERMS AND CONDITIONS ARE UNACCEPTABLE TO YOU, PLEASE NOTIFY PERSHING IMMEDIATELY IN WRITING BY CERTIFIED MAIL TO ONE PERSHING PLAZA, JERSEY CITY, NJ 07399, ATTN: LEGAL DEPT

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Louisiana Board of Pharmacy

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Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov

NOTICE IS HEREBY GIVEN that a meeting of the Reciprocity Committee has been ordered and called for 7:00 a.m. on Wednesday, November 6, 2013 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 11-01-2013

A. Call to Order

B. Quorum Call

C. Call for Additional Agenda Items

D. Opportunity for Public Comment

E. Review of Interview Question Dataset

F. Activity since last Board Meeting

	Applicant	*Interviewer*	*Result*
1.	Chris Albert Gasser (OH)	Ms. Reed	PST.020345 issued 09-26-2013
2.	Michelle Louise Wagner (NJ)	Ms. Reed	PST.020346 issued 09-26-2013
3.	Justin Michael Mills (KY)	Ms. Reed	PST.020347 issued 09-26-2013
4.	Patricia Lindsay Moneyham (SC)	Ms. Reed	PST.020348 issued 09-26-2013
5.	John Adam Lochridge (MS)	Ms. Reed	PST.020349 issued 09-26-2013
6.	Mitchell Lee Graumenz (MO)	Ms. Reed	PST.020350 issued 09-26-2013
7.	Gerson Morris Greenbarg (PA)	Ms. Reed	PST.020351 issued 09-26-2013
8.	Michael Terry Davis (TX)	Ms. Reed	PST.020352 issued 09-26-2013
9.	Ronnie Lee Bedrich (TX)	Ms. Reed	PST.020353 issued 09-26-2013
10.	Andrea Marie Adsit (NY)	Ms. Reed	PST.020354 issued 09-26-2013
11.	Raghuveer Reddy Chintalapally (TX)	Ms. Reed	PST.020355 issued 09-26-2013
12.	Olayinka Mutiat Debbie Alimi (TX)	Ms. Reed	PST.020356 issued 09-26-2013
13.	Heather Michelle Cooley (FL)	Ms. Reed	PST.020357 issued 09-26-2013
14.	Adrryl Shnord Addison (GA)	Ms. Reed	PST.020358 issued 09-26-2013
15.	Shannon Meadows Dowdy (VA)	Ms. Reed	PST.020371 issued 10-24-2013
16.	Carol Ann Baron (PA)	Ms. Reed	PST.020372 issued 10-24-2013
17.	Michael Lynn Thompson (SC)	Ms. Reed	PST.020373 issued 10-24-2013
18.	Sheryl Elizabeth Gamble (NH)	Ms. Reed	PST.020374 issued 10-24-2013
19.	Deanna Beth Clinard (IL)	Ms. Reed	PST.020375 issued 10-24-2013
20.	Joseph Michael Stamm (IA)	Ms. Reed	PST.020376 issued 10-24-2013
21.	Salma Mohammed Habeeb (IL)	Ms. Reed	PST.020377 issued 10-24-2013
22.	Funmilayo Modupeola Olaniyi (IL)	Ms. Reed	PST.020378 issued 10-24-2013
23.	Thomas Christopher Cerullo (MA)	Ms. Reed	PST.020379 issued 10-24-2013
24.	Frances Catherine Harbison (AL)	Ms. Reed	PST.020380 issued 10-24-2013

G. Appearances for Interview

1. Andrew Gerard Babb (NJ)
2. Aaron Francis Bohn (OR)
3. George Truette Cutrer, Jr. (MS)*
4. Brenton Reid Flaherty (AR)
5. Rodney Tremayne Ford (FL)
6. Urvashi Garib-Sohan (GA)
7. Brandon Matthew Hardin (OH)

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

8. Wanda Cook Hartley (MS)
9. Nancy Ann Kazarian (CT)
10. Kristi Ann Kubosh (TX)
11. Tracy Levi Lashbrook (IL)
12. Amy Lynn Meade (PA)
13. Benji Deon Newman (AL)*
14. Jacqueline Mylinh Nguyen (MD)*
15. Liza De La Rosa Nguyen (TX)
16. Rushikesh Kirit Pranjivan Patel (PA)
17. Valerie Fay Rentfro (TX)
18. Daven Suarez Sawh (FL)
19. Jade Lasseigne Sullivan (AL)
20. Ronald Anthony Tucci, Jr. (IL)
21. Marcus Raymond Watt (OR)
22. Brantley Leburn Wescott (TN)
23. Kyle Jameson Wilcox (TX)
24. Andrew Joseph Yurick (VA)

* Must meet with full committee

H. Determination of 2014 Interim Interview Dates

I. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Louisiana Board of Pharmacy

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NOTICE IS HEREBY GIVEN that a meeting of the Impairment Committee has been ordered and called for 1:00 p.m. on Tuesday, November 5, 2013 at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 10-30-2013

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items

4. Opportunity for Public Comment

5. Review of Docket

   A. For Acceptance of Voluntary Surrenders of Credentials
   - i. Case No. 13-0365 ~ PST.017104 – Scott Nolan Gewin
   - ii. Case No. 13-0397 ~ PST.017155 – Sharon Renee Barnes Michael
   - iii. Case No. 13-0392 ~ CPT.010273 – Randi Lea Cassidy
   - iv. Case No. 13-0402 ~ PST.011765 – Noel Gerard Faucheux

   B. Petitions For Reinstatement of Suspended Credentials
   - i. Case No. 13-0393 ~ PST.013008 – William Francis McCarthy, Jr.
   - ii. Case No. 13-0400 ~ PST.011807 – Lanny Joseph Richard

   C. Petitions for Modification of Previous Orders
   - i. Case No. 13-0358 ~ PST.010459 – Edwin Paul Domingue, Jr.
   - ii. Case No. 13-0386 ~ CPT.006933 – LaShunda Renee Williams
   - iii. Case No. 13-0433 ~ PST.014181 – David Collins Evans

   D. Applications for Pharmacist Licensure by Reciprocity
   - i. Case No. 13-0418 ~ PST.000000 – Matthew Paul Dixon
   - ii. Case No. 13-0437 ~ PST.000000 – John David May

   E. Appearances for Informal Conference
   - i. Case No. 13-0306 ~ PNT.046513 – Hoa Thi Pham

6. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17..*

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
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NOTICE IS HEREBY GIVEN that a meeting of the Reinstatement Committee has been ordered and called for 9:30 a.m. on Tuesday, November 5, 2013 in the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.
Revised 10-20-2013

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items

4. Opportunity for Public Comment

5. Docket

   A. *Petitions for Reinstatement (suspended + lapsed > 5 years + chair's discretion)*
      i. CPT.003792 – Catina Elizabeth Wyre — Case No. 13-0282
      ii. CPT.004513 – Desiree LaRita Craig-Francis — Case No. 13-0364
      iii. PST.015945 – Harold Scott Otwell — Case No. 13-0385
      iv. CPT.005442 – Kiana Johnson Middlebrooks — Case No. 13-0395
      v. PST.017524 – Debbie Jean Spoonhour — Case No. 13-0399
      vi. CPT.004096 – April Rhiannon Muth — Case No. 13-0411

   B. *Petitions for Modification of Previous Orders*

   C. *Petitions for Return of Inactive Licenses to Active Status*

   D. *CDS Petitions for Reinstatement (lapsed > 5 years, appearance not required)*
      i. CDS.017161.DDS – Gerald Paul Mayeux
      ii. CDS.017198.MD – Linda Kinman Lipstate
      iii. CDS.032406.MD – Rebecca Kimberly Meiners
      iv. CDS.032093.MD – Khaled Kamal Nour

   E. *Reinstatement of CDS Licenses Previously Suspended Secondary to Action by Another Agency*
      i. CDS.010243.MD – Richard Wayne Harmon
      ii. CDS.009883.DDS – Clay Marc Duos
      iii. CDS.022887.MD – Calvin Edward Williams
      iv. CDS.038176.MD – William Lee Gibson, Jr.

   F. *Discretionary Approvals by Committee Chair (lapsed > 1 year but < 5 years)*
      i. PST.018511 – Susan Lee Allen

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

ii. CPT.005224 – Toby Lee Shreve
iii. CPT.007839 – James Lucas Johnson
iv. CPT.007740 – Tequisha Elizabeth Pfister
v. CDS.0031396.DVM – Kevin B. Fuselier
vi. CDS.021817.DVM – Pamela Stamps Mitchell
vii. CDS.028963.MD – John Thomas Griffin
viii. CDS.012363.DDS – Karl G. Heiserman
ix. CPT.008964 – Kaila Angelle Theriot
x. CDS.013093.MD – James Louis Nelson
xi. CDS.032838.MD – Cesar Hernan Liendo
xii. CDS.020532.DDS – John Spotswood Burwell
xiii. CDS.035635.MD – Christopher Ryan Oxner
xiv. CDS.034624.MD – Michael Phillip Sprintz
xv. CDS.035319.MD – Kim Michael Landry
xvi. CDS.009501.DVM – Michael G. Woodward
xvii. CDS.028370.MD – Christopher David Swearingen
xviii. CDS.029721.APN – Michelle Broussard
xix. CDS.035005.MD – Charles Ray Watson
xx. CDS.032405.MD – Vaughn Ray Meiners
xxi. CDS.031634.DVM – Daryl Haydel
xxii. CDS.014678.DDS – Philip Leslie Haik, Jr.
xxiii. CDS.015153.DDS – Tooley Morris Towns
xxiv. CDS.037605.DVM – Tracy Katherine Dow
xxv. CPT.009652 – Brandon Louis Tate
xxvi. CDS.017821.MD – Michael Kuang Hsu
xxvii. CDS.035441.MD – Matthew D. Gamble
xxviii. CDS.006564.MD – Richard M. Miers
xxix. CDS.037744.DVM – Katie Foote Bannerman
xxx. CDS.024476.DVM – Chris C. Casten
xxxi. CPT.006743 – Sophiaul Ann Kinchen
xxxii. CDS.036965.APN – Kimberly Arlene Bostick-Field
xxxiii. CDS.032868.MP – James Randall Logan
xxxiv. CDS.034618.MD – Patrick Kohn Healy
xxxv. CDS.034872.APN – Dawn Marie Bravata-Bauer
xxxvi. CDS.026809.SAX – Cenikor Foundation Joseph R. Briscoe Treatment Ctr
xxxvii. PHY.006349.RC – CVS/pharmacy #2728
xxxviii. CDS.040028.PHY – CVS/pharmacy #2728

G. Staff Approvals by Board Policy (lapsed < 1 year)

i. CPT.009392 – LaTona Taheit Fay
ii. CPT.004879 – Bonnie Jo Smith Brady
iii. CPT.006304 – Ashley Daigle Matthews
iv. CPT.006714 – Lesley Renee Watts
v. CPT.007106 – Eva Marie Smith
vi. CDS.041844.DDS – Chelsea Patricia Accardo
vii. CDS.008874.DDS – Neil J. Bernard
viii. CDS.016380.DDS – John Harold Moffatt, Jr.
ix. CDS.034489.DDS – Julie Le Bell Howell
x. CDS.032444.DDS – Joshua D. Huffman
xi. CDS.035612.MD – Jonathan Allen Sanders
xii. CDS.032644.DDS – Michael Phillip Juban

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xiii. CDS.016381.DDS – Peggy Elizabeth Walsh
xiv. CDS.033591.MD – Taylor Wells Sanders
xv. CDS.033504.OD – Mark Siverd
xvi. CDS.036850.MD – Jeryl L. Reiser-Parmenter
xvii. CDS.041861.DDS – Chase Ray Martin
xviii. CDS.034538.DVM – Bridget Kidwell
xix. CDS.040570.DDS – Kyle S. Coffin
xx. CDS.037989.MD – Christopher Bartlett Willoughby
xxi. CDS.041968.MD – Huy Quoc Nguyen
xxii. CDS.014169.DDS – David L. Cannon
xxiii. CPT.004793 – Jacqueline Harrington LeJeune
xxiv. EDK.007747 – Meadowview HealthCare Center
xxv. EDK.007748 – Meadowview HealthCare Center
xxvi. AMS.010587.X – Walgreens Pharmacy Store 9860
xxvii. EDK.007592 – Grace Home
xxviii. CDS.020497.MD – William Richard Dedo
xxix. CDS.037950.MD – Armand Anthony Gonzalzles
xxx. CDS.033664.RN – Susan T. Seanor
xxxi. CDS.012529.MD – James H. Eddy, III
xxxii. CDS.041901.DDS – Eugenia Prokopets
xxxiii. CDS.014564.DDS – Hugh P. Champagne
xxxiv. CDS.012319.DDS – Michael D. Barry
xxxv. CDS.039920.MD – Ikechukwu John Obih
xxxvi. CDS.032465.MD – Steven Brent Flynn
xxxvii. CDS.017643.MD – Robert Lee Crosby, III
xxxviii. CDS.002681.MD – James Tillman Austin, Jr.
xxxix. CDS.016333.MD – Kevin Ulysse Stephens
xl. CPT.011516 – Billie Renee Keller
xli. EDK.007090 – Many Healthcare North
xlii. EDK.007664 – Orleans Parish Prison (CTA)
xliii. EDK.007665 – Temporary Detention Center (TDC)
xliv. EDK.007670 – Orleans Parish Prison (IPC)
xlv. EDK.007672 – Orleans Parish Prison (Psych)
xlvi. EDK.007817 – Orleans Parish Prison (TP5)
xlvii. EDK.007832 – Tent Complex
xlviii. EDK.007833 – Orleans Parish Prison (OPP)
xlix. CDS.004162 – Milton Charles Chapman
l. PHY.005864-OS – Life Extension Pharmacy, Inc.
li. CDS.013199.DDS – James R. Nichols, Jr.
lii. CDS.011019.DVM – Warren Dale Joubert
liii. CDS.034422.MD – Daniel Kristian Garrett
liv. CDS.037594.MD – Farhan Ali Irshad
lv. CDS.024641.MD – Shawn Kevan Brady
lvi. CPT.011224 – William Bradley Trimble, II
lvii. CDS.022853.MD – Thaddeus Ray Erato
lviii. CDS.029690.MD – Sterling Milton, III
lix. CDS.041927.DDS – Justin Theodore Hastings
lx. CPT.010505 – Kelsey Selena Knighton
lxi. CDS.006599.MD – Jed Lane Morris
lxii. CDS.040668.DDS – Charles J. Waguespack
lxiii. CDS.008394.DDS – James Joseph McGee

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lxiv. CDS.018044.DDS – Willie Fred Collins
lxv. CDS.040736.RES – Travis P. Dufour
lxvi. CDS.019285.DDS – Jorge M. Aguilar
lxvii. CDS.023783.MD – Phyllis Lynette Mason
lxviii. CDS.017182.MD – Michael James Pappas
lxix. AMS.010233.X – Walgreens #03990
lxx. CPT.010595 - Pankitkumar Ramanbhai Patel
lxxi. PST.016598 – Parrish Michael Begnaud
lxxii. CDS.036768.MD – David J. Homan
lxxiii. CDS.032811.PA – Julie Dowling McIntosh
lxxiv. CDS.011297.MD – Edward Leo Michals
lxxv. CDS.033636.MD – Lucius Marion Lampton
lxxvi. CDS.020450.MD – Bruce Harlan Lobitz
lxxvii. CDS.012852.MD – Allen James Lacour
lxxviii. CDS.038017.PA – Daniel James Hering
lxxix. CDS.017036.MD – Dimitri Abelardo Yanez
lxxx. CDS.009725.MD – Jimmie W. Varnado
lxxxi. CDS.035697.MD – Anjanette L. Varnado
lxxxii. CDS.012438.DVM – Barbara G. Luikart
lxxxiii. CDS.013546.DVM – Penny Kay Leggitt-Serio
lxxxiv. CDS.015179.DDS – Philip J. Di Salvo, Jr.
lxxxv. CDS.009146.MD – Laney J. Chouest
lxxxvi. CDS.008230.DDS – Lamar E. Waguespack, Jr.
lxxxvii. CDS.025594.DDS – Todd Anthony Touchet
lxxxviii. CDS.011518.DDS – Charles Lane Anzalone
lxxxix. CDS.042153.DDS – P. Danielle Causey
xc. CDS.040730.MD – Thomas Griffin Gaines
xci. CDS.009487.MD – James Gary Diamond
xcii. CDS.041055.APN – Melissa Joy Klein
xciii. CDS.006378.MD – Thomas Ragin Robinson
xciv. CDS.005709.MD – Calvin Drew Sanders
xcv. CDS.008549.DDS – Terence Kevin Sullivan
xcvi. CDS.040527.MD – Sarah M. Wakefield
xcvii. CDS.029727.DVM – Jennifer Frey Crawford
xcviii. CDS.003548.MD – Lester Purvin Dulitz
xcix. CDS.012846.DDS – Jonathan Louis Kirkland
c. CDS.013853.DVM – Ronald C. Francis
ci. CDS.030588.DDS – Rupa Jolly
cii. AMS.010484.X – Walgreen Pharmacy #04998
ciii. CDS.036656.MD – Sailendra Kumar Upendram
civ. CDS.022911.MD – Patricia Severson Greene
cv. CDS.015196.DDS – Emmett Lawrence Zimmerman, III
cvi. CDS.011724.MD – Daniel C. Murphy
cvii. CDS.030455.DVM – Pamela Petty
cviii. CDS.042020.MD – Omar T. Khan
cix. CDS.009050.DDS – Stephen C. Brown
cx. CDS.028967.MD – Mark H. Peters
cxi. CDS.042060.MD – Marney Ellen Gruber
cxii. CDS.007821.MD – Richard Warren Williams
cxiii. CDS.015149.DDS – James P. Tomaszewski
cxiv. CDS.003127.MD – Meyer Sutton

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cxv. CDS.040663.MD – Ryan T. Holland
cxvi. CDS.041323.APN – Shirley J. Brisco
cxvii. CDS.026419.DVM – Virginia Latrelle Wall-Camp
cxviii. CDS.005305.MD – Frank M. Ingrish
cxix. CDS.010121.MD – Abdul Hafeez Khan
cxx. CDS.016265.MD – Gabou Ndapich E. Mendy
cxxi. CDS.014462.DDS – Henry Steven Donald
cxxii. CDS.012297.MD – Don Frederick Marx
cxxiii. CDS.004087.MD – Frank Earl Minyard
cxxiv. CDS.011673.MD – Robert F. Wood
cxxv. CDS.009389.MD – Harvey A. Gabert
cxxvi. CDS.030663.DVM – Laura Bosch Ferrara
cxxvii. CDS.025489.MD – Eric Alan Payne
cxxviii. CDS.014160.DDS – Robert M. Branstetter, Jr.
cxxix. CDS.014208.DDS – James Edward Ford
cxxx. CDS.012905.MD – Sevetri Dianne Moore
cxxxi. CDS.036659.MD – Mahija Mungara
cxxxii. CDS.035593.OD – Michael A. Cummings
cxxxiii. CDS.035723.MD – Jagan M.R. Beedupalli
cxxxiv. CDS.007594.MD – Lloyd Henderson Frye
cxxxv. CDS.005472.MD – Harvey Barry Rifkin
cxxxvi. CDS.006227.MD – Michael J. Coogan
cxxxvii. CDS.006580.MD – James W. Bohm
cxxxviii. CPT.010611 – Bianca Danielle King
cxxxix. CDS.013686.MD – John Marshall Green, Jr.
cxl. CPT.006731 – LaTonya Michelle Calais
cxli. CDS.031517.DVM – Jena Maria Troxler
cxlii. CDS.033764.DVM – Andrea R. Shuck
cxliii. CDS.036745.MD – Siby George Ayalloore
cxliv. CDS.035182.APN – Donna Jill Branton
cxlv. CDS.037063.MD – Christian Allison Fauria
cxlvi. CDS.026836.MD – Michael Keith Herron
cxlvii. CDS.018065.MD – Barbara L. Hamm
cxlviii. CDS.031800.DVM – Jennifer Davis Kenwood
cxlix. CDS.038259.MD – Radha Vanukuri
cl. CDS.042159.MD – Latresia Ann Wilson
cli. CDS.012863.MD – Erin Theresa O'Sullivan
clii. CDS.009644.MD – Gehl Harold Davis
cliii. CDS.042268.DDS – Katherine Celeste Toups
cliv. CDS.026935.MD – Vernon Edvert Chee
clv. CDS.031538.RHC – Northeast Louisiana Health Center
clvi. CDS.032826.APN – Lisa K. Tabor
clvii. CDS.033642.MD – Lisa Smith Hodges
clviii. DME.000270 – Advanced Sleep Center
clix. CDS.023841.MD – Rama Krishna Kakani
clx. CDS.025704.DDS – Charles Cary Manuel
clxi. CDS.040714.MD – Kevin Blasé DeAndrade
clxii. CDS.025658.DVM – Jeffery Paul Artall
clxiii. CDS.041822.MD – Jacqueline Marie Magne
clxiv. CDS.037005.MFR – Sage Pharmaceuticals
clxv. CDS.035861.DDS – Johnny R. Bear

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clxvi. CDS.040831.OD – Carla H. Carter
clxvii. CDS.025605.DDS – Hisham Nasr
clxviii. CDS.028749.DVM – James Shannon Welch
clxix. CDS.042067.DVM – Jessica Christine Baas
clxx. CDS.022456.MD – Rachel Kaplan Hausmann
clxxi. CDS.041690.DVM – Shannon Sorrell Landry
clxxii. CDS.037004.MD – Abid Ullah Jan Mahsud
clxxiii. CDS.029125.MD – Yolunda J. Taylor
clxxiv. CDS.042213.APN – Janice Newbern Penton
clxxv. CDS.034708.DDS – Jamila Aisha Mitchell
clxxvi. CDS.022891.EMS – St. Tammany Parish Fire Protection District No. 4
clxxvii. CDS.032529.DVM – John Ira Edwards
clxxviii. DME.000113 – Acadian Medical Supply
clxxix. DME.000387 – The Prescription Shoppe Pharmacy
clxxx. CDS.038284.MD – Elizabeth Ann Jensen
clxxxi. CDS.004901.MD – David Adam Hebert
clxxxii. CDS.042171.MD – Chang O. Son
clxxxiii. CDS.027355.EMS – City of Ruston/Lincoln Parish Ambulance Service
clxxxiv. CDS.019978.DVM – Craig Martin Courville
clxxxv. CDS.029833.MD – Gordon Ellis White, II
clxxxvi. CDS.026512.MD – Maria McGuire Haynes
clxxxvii. CDS.012819.MD – Herman Harvey Jones, III

6. Adjourn

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Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

Summary of Testimony & Public Comments
re
Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management
at
August 27, 2013 Public Hearing

1. E-mail from Candace T. Chelette, pharmacist on faculty at ULM College of Pharmacy

At §523.A – Definitions, expressed concern for definition of "Order Set." Objects to the requirement for patient specificity.

At §523.B.2.b.iii, questioned what additional education may be required to engage in CDTM activities.

At §523.D.1.a, questioned whether the proposed rule has improved what services a pharmacist can provide if the order set must be patient-specific, drug-specific, and disease-specific.

At §523.D.1.b.iv, objects to the requirement for status reports no less than every three months.

At §523.D.5.a, questioned the applicability of the records requirement if the collaborating pharmacist is working within a physician's office and not in a pharmacy.

2. E-mail from Angelle M. Huff, pharmacist at The Wellness Corner in Prairieville, La.

a. Can medication therapy management (MTM) be defined or added to the *Practice of Pharmacy* (sic) in accordance with "Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model"? [copy of this reference was provided in appendix.]

b. If yes, would it be necessary to enter into or engage in a Collaborative Practice Agreement (Agreements) with a physician in order to provide MTM services?

c. If no to [b] and MTM be defined in the *Practice of Pharmacy*, is §523 of Chapter5 even necessary for the practice of MTM?

3. E-mail from Ashley Berthelot, on behalf of Professional Arts Pharmacy in Lafayette, La.

a. Requested clarification of §523.A, but failed to identify specific term or definition.

b. If prescriber requests a recommendation of drug therapy from a pharmacist, a pharmacist gives a recommendation using tools available to them, and then the prescriber gives a valid prescription for the recommended order, should the pharmacist and prescriber be required to enter into a collaborative practice agreement?

4. Comments from Angelle M. Huff, pharmacist at The Wellness Corner in Prairieville, La.

a. Does the Board have a position on MTM, and if so what is it?

b. Would MTM be considered the practice of pharmacy?

c. Does the proposed rule re CDTM allow the Board of Medical Examiners to have jurisdiction over collaborating pharmacists?

d. Since the content of MTM mirrors that of CDTM, are we not allowing the Board of Medical Examiners to regulate the practice of pharmacy.

5. Comments from Max Huff, appearing for The Wellness Corner in Prairieville, La.

a. If MTM is recognized as the practice of pharmacy, why do we need CDTM?

b. Does a CDTM agreement expose the pharmacist to jurisdiction by the Board of Medical Examiners?

Malcolm J. Broussard

From: Catherine Brindley [Catherine.Brindley@LA.GOV]
Sent: Wednesday, August 07, 2013 11:53 AM
To: Malcolm J. Broussard
Subject: FW: Comments - Louisiana Register 7/2013

I have forwarded your comments to Malcolm Broussard of the Pharmacy Board.

From: Candace Chelette [mailto:chelette@ulm.edu]
Sent: Wednesday, August 07, 2013 9:05 AM
To: Catherine Brindley
Cc: Michael Cockerham
Subject: Comments - Louisiana Register 7/2013

Good morning,
I am not sure who to address comments to pertaining to Title 46 PROFESSIONAL AND OCCUPATIONAL
STANDARDS Section 523. Collaborative Drug Therapy Management. If you are not the person to receive these comments, please let me know. Below are my comments-

Thank you,
Candace Chelette

Comments:
It seems like the focus of the original and edited version of the CDTM rest solely on anticoagulation management. I made some specific comments below that support the above statement.

Section A Definitions: Order Set - "collaborative drug therapy management of disease specific drug therapy for a specific patient" concerns me. If we are to have collaborative agreement, pharmacists should be able to make recommendations for every drug that is on a patient's profile, not just "disease specific drug therapy." I am also concerned about having an order set for each patient. This would be cumbersome and not many providers would be willing to participate. It would be nice if there was an order set that could be written and signed allowing a pharmacist to oversee all of the physician's patients that have a certain disease state or are on certain medications (ie. all Diabetes patients or all patients on coumadin therapy)

Section B Registration: #2b.iii. Is there more education required to qualify to engage in CDTM activities? If it is more than a PharmD degree, the Board may want to specify.

Section D. Standards of Practice:
#1a.ii. I am not sure the new CDTM agreement has expanded the services a pharmacist can provide if the order set has to be "patient specific, drug specific, and disease specific."

#1biv. "provide on a scheduled basis not less than every three months a status report on the patient relating to problem, complication, or other issues with drug therapy management." I agree with providing a status report to the physician, but the time frame should be patient specific. If a patient is well controlled, you may only see that patient every 6 months. Also, the pharmacist may want to report progress notes (SOAP) note on the patient instead of just "problems"

#8a. Records- "the following information shall be included in the pharmacy's record of a patient

subject to collaborative drug therapy management:...."etc. What if you are a pharmacist working within a physician office and not in a pharmacy?

I appreciate your time and attention to this matter.

Kind regards,
Candace Chelette

Candace T. Chelette, PharmD
Assistant Professor - Pharmacy Care Laboratory
ULM College of Pharmacy
Bienville Office 211
Phone: 318-342-1730
Fax: 318-342-5290
chelette@ulm.edu

From: "Malcolm J Broussard" <mbroussard@pharmacy.la.gov>
Sent: Wednesday, July 10, 2013 7:19:02 PM
Subject: Notice of Rulemaking Activity ~ 2013-0710

Notice of Rulemaking Activity

The Board has filed Notices of Intent for three new regulatory projects as described below. These notices are scheduled for publication in the July 20, 2013 edition of the Louisiana Register. The contents of the state register are available online at the register's website at www.doa.la.gov/osr. As indicated in each of the notices, the Board will convene a public hearing on August 27, 2013 to receive comments and testimony on the proposed rules. Following the hearing, the Board will consider the comments and testimony to determine whether any changes should be made to the proposed rules before completing the rulemaking process.

- ***Regulatory Project 2013-4 ~ Preferential Licensing for Military Personnel***
  In compliance with the provisions of Act 276 of the 2012 Legislature, the Board proposes to amend its existing rules for pharmacists and pharmacy technicians to establish preferential licensing procedures for certain military personnel. The Board has filed its notice with the legislature; a copy of that report is available here as well as in the Public Library on the Board's website.

- ***Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management (CDTM)***
  The Board proposes to amend its existing rules for collaborative drug therapy management to reduce the administrative documentation requirements for pharmacists collaborating with physicians. The Board has filed its notice with the legislature; a copy of that report is available here as well as in the Public Library on the Board's website.

- ***Regulatory Project 2013-6 ~ Penal Pharmacy Permit Revision***
  The Board proposes to amend its existing rules for the penal pharmacy permit to clarify the necessity of that permit for only those pharmacies providing medications to offenders in the custody of the state department of corrections. The Board has filed its notice with the legislature; a copy of that report is available here as well as in the Public Library on the Board's website.

You can track the progress of all of the Board's rulemaking activities by visiting the Board's website at www.pharmacy.la.gov, selecting the link for the *Public Library*, and then selecting the links for *Regulatory Proposals* and *Regulatory Projects*.
Distribution of Notice:
- List of Interested Parties
- ALL pharmacists
- ALL pharmacy technicians
- ALL pharmacies

For the Board:
Malcolm J Broussard
Executive Director

3388 Brentwood Drive | Baton Rouge, La. 70809 | www.pharmacy.la.gov

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If you are having trouble viewing this message, please click here.

From:	Wellness Corner
To:	Joe Fontenot
Subject:	August 27 Public Hearing
Date:	Tuesday, August 27, 2013 11:22:43 AM

To Whom It May Concern:

The following are concerns and questions regarding Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management in it's entirety:

1. Can Medication Therapy Management (MTM) be defined or added to the *Practice of Pharmacy* in accordance with "Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model"? (Please refer to Appendix A of the document to see the definition of MTM)

2. If yes, would it be necessary to enter into or engage in a Collaborative Practice Agreement (Agreements) with a physician in order to provide MTM services?

3. If no to question 2 and MTM be defined in the Practice of Pharmacy, is Section 523 of Chapter 5 even necessary for the practice of MTM?

Medication Therapy Management in Pharmacy Practice

Core Elements of an MTM Service Model

Version 2.0 *March 2008*

Medication Therapy Management in Pharmacy Practice:

Core Elements of an MTM Service Model

Version 2.0
A joint initiative of
the American Pharmacists Association and
the National Association of Chain Drug Stores Foundation

Acknowledgment

The American Pharmacists Association and the National Association of Chain Drug Stores Foundation respectfully acknowledge the contributions of all individuals and organizations that participated in the development of *Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0* document for application across the pharmacy profession.

This service model is supported by the following organizations:

Academy of Managed Care Pharmacy

American Association of Colleges of Pharmacy

American College of Apothecaries

American College of Clinical Pharmacy

American Society of Consultant Pharmacists

American Society of Health-System Pharmacists

National Alliance of State Pharmacy Associations

National Community Pharmacists Association

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Preface

Eleven national pharmacy organizations achieved consensus on a definition of medication therapy management (MTM) in July 2004 (Appendix A). Building on the consensus definition, the American Pharmacists Association and the National Association of Chain Drug Stores Foundation developed a model framework for implementing effective MTM services in a community pharmacy setting by publishing *Medication Therapy Management in Community Pharmacy Practice: Core Elements of an MTM Service Version 1.0.* The original version 1.0 document described the foundational or core elements of MTM services that could be provided by pharmacists across the spectrum of community pharmacy.[1]

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0 is an evolutionary document that focuses on the provision of MTM services in settings where patients* or their caregivers can be actively involved in managing their medications. This service model was developed with the input of an advisory panel of pharmacy leaders representing diverse pharmacy practice settings (listed in Addendum). While adoption of this model is voluntary, it is important to note that this model is crafted to maximize both effectiveness and efficiency of MTM service delivery across pharmacy practice settings in an effort to improve continuity of care and patient outcomes.

**In this document, the term patient refers to the* patient*, the caregiver, or other persons involved in the care of the* patient.

Notice: The materials in this service model are provided only for general informational purposes and do not constitute business or legal advice. The National Association of Chain Drug Stores Foundation and the American Pharmacists Association assume no responsibility for the accuracy or timeliness of any information provided herein. The reader should not under any circumstances solely rely on, or act on the basis of, the materials in this service model. These materials and information are not a substitute for obtaining business or legal advice in the appropriate jurisdiction or state.

The materials in this service model do not represent a standard of care or standard business practices. This service model may not be appropriate for all pharmacists or pharmacies. Service programs should be designed based on unique needs and circumstances and model examples should be modified as appropriate.

Nothing contained in this service model shall be construed as an express or implicit invitation to engage in any illegal or anticompetitive activity. Nothing contained in this service model shall, or should be, construed as an endorsement of any particular method of treatment or pharmacy practice in general.

Introduction

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0 is designed to improve collaboration among pharmacists, physicians, and other healthcare professionals; enhance communication between patients and their healthcare team; and optimize medication use for improved patient outcomes. The medication therapy management (MTM) services described in this model empower patients to take an active role in managing their medications. The services are dependent upon pharmacists working collaboratively with physicians and other healthcare professionals to optimize medication use in accordance with evidence-based guidelines.[2,3]

MTM services,* as described in this model, are distinct from medication dispensing and focus on a patient-centered, rather than an individual product-centered, process of care.[4] MTM services encompass the assessment and evaluation of the patient's complete medication therapy regimen, rather than focusing on an individual medication product. This model framework describes core elements of MTM service delivery in pharmacy practice and does not represent a specific minimum or maximum level of all services that could be delivered by pharmacists.[5]

Medication-related problems are a significant public health issue within the healthcare system. Incidence estimates suggest that more than 1.5 million preventable medication-related adverse events occur each year in the United States, accounting for an excess of $177 billion in terms of medication-related morbidity and mortality.[6,7] The Institute of Medicine advocates that healthcare should be safe, effective, patient-centered, timely, efficient, and effective to meet patients' needs and that patients should be active participants in the healthcare process to prevent medication-related problems.[3,7]

MTM services, as described in this service model, may help address the urgent public health need for the prevention of medication-related morbidity and mortality.[3] MTM services may contribute to medication error prevention, result in improved reliability of healthcare delivery, and enable patients to take an active role in medication and healthcare self-management.[7] The MTM services outlined in this model are aligned with the Centers for Medicare & Medicaid Services' expectations, as stated in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, that MTM services will enhance patients' understanding of appropriate drug use, increase adherence to medication therapy, and improve detection of adverse drug events.[8]

MTM programs are demonstrating positive clinical, economic, and humanistic outcomes across diverse patient populations in various patient care settings.[9–15] MTM services are currently being delivered in both the public and private sectors. In the public sector, some state Medicaid and Medicare Part D plans have focused on a comprehensive medication therapy review as the foundation of their MTM programs. Pharmacists participating in these programs often provide patients with an initial comprehensive assessment and ongoing follow-up assessments to identify and resolve medication-related problems.[11, 16–20] In the private sector, MTM programs are beginning to emerge nationwide, offering MTM services to traditional insured groups, managed-care populations, self-insured employers, and self-paying individual patients.[9,10,12]

Any patient who uses prescription and nonprescription medications, herbal products, or other dietary supplements could potentially benefit from the MTM core elements outlined in this model. As part of the effort to effectively address the urgent public health issue of medication-related morbidity and mortality, MTM services should be considered for any patient with actual or potential medication-related problems, regardless of the number of medications they use, their specific disease states, or their health plan coverage. Although MTM program structure and the needs of individual patients may vary, the use of a consistent and recognizable framework for core MTM services, as described in this model, will enhance their efficient delivery and effective quality measurement. As new opportunities arise, pharmacists in all practice settings must share a common vision for patient-centered MTM services that improve medication therapy outcomes and provide value within our nation's healthcare system.

**MTM services are built upon the philosophy and process of pharmaceutical care that was first implemented in pharmacy practice in the early 1990s. As pharmacy education, training, and practice continue to evolve to a primarily clinical "patient-centered" focus, pharmacists are gaining recognition from other healthcare professionals and the public as "medication therapy experts." Recognizing the pharmacist's role as the medication therapy expert, the pharmacy profession has developed a consensus definition for medication therapy management and is increasingly using this term to describe the services provided by pharmacists to patients.*

Framework for Pharmacist-Provided MTM Services

This framework for MTM service delivery in pharmacy practice is designed to facilitate collaboration among the pharmacist, patient, physician, and other healthcare professionals to promote safe and effective medication use and achieve optimal patient outcomes. MTM services in all patient care settings should include structures supporting the establishment and maintenance of the patient–pharmacist relationship.

Providing MTM Services in Various Patient Care Settings

Patients with a potential need for MTM services can be identified by the pharmacist, the physician or other healthcare professionals, the health plan, or the patients themselves when medication-related problems are suspected. Appendix B provides considerations for identification of patients who may benefit from MTM services. Patients may be especially vulnerable to medication-related problems during transitions of care* such as when their healthcare setting changes, when they change physicians, or when their payer status changes. These transitions of care often result in medication therapy changes that may be due to changes in the patient's needs or resources, the patient's health status or condition, or formulary requirements. It is important that systems be established so that pharmacist-provided MTM services can focus on reconciling the patient's medications and ensuring the provision of appropriate medication management during transitions of care.

For ambulatory patients, MTM services typically are offered by appointment but may be provided on a walk-in basis. MTM services should be delivered in a private or semi-private area, as required by the Health Insurance Portability and Accountability Act, by a pharmacist whose time can be devoted to the patient during this service.[21] In other patient care settings (e.g., acute care, long-term care, home care, managed care), the environment in which MTM services are delivered may differ because of variability in structure and facilities design. Even so, to the extent MTM core elements are implemented, a consistent approach to their delivery should be maintained.

The Delivery of MTM Services by the Pharmacist

Within the MTM core elements service model, the patient receives an annual comprehensive medication therapy review and additional medication therapy reviews according to the patient's needs. The patient may require ongoing monitoring by the pharmacist to address new or recurring medication-related problems.

The total number of reviews required to successfully manage a patient's therapy will vary from patient to patient and will be ultimately determined by the complexity of the individual patient's medication-related problems. The extent of health plan benefits or other limitations imposed by the patient's payer may affect coverage for MTM services; however, this would not preclude additional services provided by the pharmacist for which the patient pays on a fee-for-service basis.

To perform the most comprehensive assessment of a patient, personal interaction with direct contact between a healthcare professional and a patient is optimal. A face-to-face interaction optimizes the pharmacist's ability to observe signs of and visual cues to the patient's health problems (e.g., adverse reactions to medications, lethargy, alopecia, extrapyramidal symptoms, jaundice, disorientation) and can enhance the patient–pharmacist relationship.[22] The pharmacist's observations may result in early detection of medication-related problems and thus have the potential to reduce inappropriate medication use, emergency department visits, and hospitalizations. It is recognized, however, that alternative methods of patient contact and interaction such as telephonic may be necessary for those patients for whom a face-to-face interaction is not possible or not desired (e.g., homebound patients) or in pharmacy practice settings in which the pharmacist serves in a consultative role on the healthcare team. Irrespective of whether the MTM service is provided by the pharmacist to the patient face-to-face or by alternative means, the service is intended to support the establishment and maintenance of the patient–pharmacist relationship.

**Examples of transitions of care may include but are not limited to changes in healthcare setting (e.g., hospital admission, hospital to home, hospital to long-term care facility, home to long-term care facility), changes in healthcare professionals and/or level of care (e.g., treatment by a specialist), or changes in payer status (e.g., change or loss of health plan benefits/insurance).*

Core Elements of an MTM Service Model in Pharmacy Practice

The MTM service model in pharmacy practice includes the following five core elements:

- Medication therapy review (MTR)
- Personal medication record (PMR)
- Medication-related action plan (MAP)
- Intervention and/or referral
- Documentation and follow-up

These five core elements form a framework for the delivery of MTM services in pharmacy practice. Every core element is integral to the provision of MTM; however, the sequence and delivery of the core elements may be modified to meet an individual patient's needs.

Medication Therapy Review: *The medication therapy review (MTR) is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them.*

An MTR is conducted between the patient and the pharmacist. Pharmacist-provided MTR and consultation in various settings has resulted in reductions in physician visits, emergency department visits, hospital days, and overall healthcare costs.[9,10,12,14,20,23–25] In addition, pharmacists have been shown to obtain accurate and efficient medication-related information from patients.[10,26,27] The MTR is designed to improve patients' knowledge of their medications, address problems or concerns that patients may have, and empower patients to self-manage their medications and their health condition(s).

The MTR can be comprehensive or targeted to an actual or potential medication-related problem. Regardless of whether the MTR is comprehensive or targeted, patients may be identified as requiring this service in a variety of ways. Commonly, patients may be referred to a pharmacist by their health plan, another pharmacist, physician, or other healthcare professionals. Patients may also request an MTR independent of any referral. Additional opportunities for providing an MTR include when a patient is experiencing a transition of care, when actual or potential medication-related problems are identified, or if the patient is suspected to be at higher risk for medication-related problems.

In a comprehensive MTR, ideally the patient presents all current medications to the pharmacist, including all prescription and nonprescription medications, herbal products, and other dietary supplements. The pharmacist then assesses the patient's medications for the presence of any medication-related problems, including adherence, and works with the patient, the physician, or other healthcare professionals to determine appropriate options for resolving identified problems. In addition, the pharmacist supplies the patient with education and information to improve the patient's self-management of his or her medications.

Targeted MTRs are used to address an actual or potential medication-related problem. Ideally, targeted MTRs are performed for patients who have received a comprehensive MTR. Whether for a new problem or subsequent monitoring, the pharmacist assesses the specific therapy problem in the context of the patient's complete medical and medication history. Following assessment, the pharmacist intervenes and provides education and information to the patient, the physician or other healthcare professionals, or both, as appropriate. The MTR is tailored to the individual needs of the patient at each encounter.

Depending on its scope, the MTR may include the following:

- Interviewing the patient to gather data including demographic information, general health and activity status, medical history, medication history, immunization history, and patients' thoughts or feelings about their conditions and medication use[28]
- Assessing, on the basis of all relevant clinical information available to the pharmacist, the patient's physical and overall health status, including current and previous diseases or conditions
- Assessing the patient's values, preferences, quality of life, and goals of therapy
- Assessing cultural issues, education level, language barriers, literacy level, and other characteristics of the patient's communication abilities that could affect outcomes
- Evaluating the patient to detect symptoms that could be attributed to adverse events caused by any of his or her current medications
- Interpreting, monitoring, and assessing patient's laboratory results

- Assessing, identifying, and prioritizing medication-related problems related to
  - The clinical appropriateness of each medication being taken by the patient, including benefit versus risk
  - The appropriateness of the dose and dosing regimen of each medication, including consideration of indications, contraindications, potential adverse effects, and potential problems with concomitant medications
  - Therapeutic duplication or other unnecessary medications
  - Adherence to the therapy
  - Untreated diseases or conditions
  - Medication cost considerations
  - Healthcare/medication access considerations
- Developing a plan for resolving each medication-related problem identified
- Providing education and training on the appropriate use of medications and monitoring devices and the importance of medication adherence and understanding treatment goals
- Coaching patients to be empowered to manage their medications
- Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
- Communicating appropriate information to the physician or other healthcare professionals, including consultation on the selection of medications, suggestions to address identified medication problems, updates on the patient's progress, and recommended follow-up care[29]

In this service model, a patient would receive an annual comprehensive MTR and additional targeted MTRs to address new or ongoing medication-related problem(s). Significant events such as important changes in the patient's medication therapy, changes in the patient's needs or resources, changes in the patient's health status or condition, a hospital admission or discharge, an emergency department visit, or an admission or discharge from a long-term care or assisted-living facility could necessitate additional comprehensive MTRs.

Personal Medication Record: *The personal medication record (PMR) is a comprehensive record of the patient's medications (prescription and nonprescription medications, herbal products, and other dietary supplements).*

Within the MTM core elements service model, the patient receives a comprehensive record of his or her medications (prescription and nonprescription medications, herbal products, and other dietary supplements) that has been completed either by the patient with the assistance of the pharmacist or by the pharmacist, or the patient's existing PMR is updated. Ideally, the patient's PMR would be generated electronically, but it also may be produced manually. Whether the pharmacist provides the PMR manually or electronically, the information should be written at a literacy level that is appropriate for and easily understood by the patient. In institutional settings, the PMR may be created at discharge from the medication administration record or patient chart for use by the patient in the outpatient setting. The PMR contains information to assist the patient in his or her overall medication therapy self-management. A sample PMR is included in Appendix C.

The PMR, which is intended for use by the patient, may include the following information:[30]

- Patient name
- Patient birth date
- Patient phone number
- Emergency contact information (Name, relationship, phone number)
- Primary care physician (Name and phone number)
- Pharmacy/pharmacist (Name and phone number)
- Allergies (e.g., What allergies do I have? What happened when I had the allergy or reaction?)
- Other medication-related problems (e.g., What medication caused the problem? What was the problem I had?)
- Potential questions for patients to ask about their medications (e.g., When you are prescribed a new drug, ask your doctor or pharmacist...)
- Date last updated
- Date last reviewed by the pharmacist, physician, or other healthcare professional
- Patient's signature
- Healthcare provider's signature
- For each medication, inclusion of the following:
    - » Medication (e.g., drug name and dose)
    - » Indication (e.g., Take for…)
    - » Instructions for use (e.g., When do I take it?)
    - » Start date
    - » Stop date
    - » Ordering prescriber/contact information (e.g., doctor)
    - » Special instructions

The PMR is intended for patients to use in medication self-management. The maintenance of the PMR is a collaborative effort among the patient, pharmacist, physician, and other healthcare professionals. Patients should be encouraged to maintain and update this perpetual document. Patients should be educated to carry the PMR with them at all times and share it at all healthcare visits and at all admissions to or discharges from institutional settings to help ensure that all healthcare professionals are aware of their current medication regimen.

Each time the patient receives a new medication; has a current medication discontinued; has an instruction change; begins using a new prescription or nonprescription medication, herbal product, or other dietary supplement; or has any other changes to the medication regimen, the patient should update the PMR to help ensure a current and accurate record. Ideally, the pharmacist, physician, and other healthcare professionals can actively assist the patient with the PMR revision process.

Pharmacists may use the PMR to communicate and collaborate with physicians and other healthcare professionals to achieve optimal patient outcomes. Widespread use of the PMR will support uniformity of information provided to all healthcare professionals and enhance the continuity of care provided to patients while facilitating flexibility to account for pharmacy- or institution-specific variations.

Medication-Related Action Plan:
The medication-related action plan (MAP) is a patient-centric document containing a list of actions for the patient to use in tracking progress for self-management.

A care plan is the health professional's course of action for helping a patient achieve specific health goals.[31] The care plan is an important component of the documentation core element outlined in this service model. In addition to the care plan, which is developed by the pharmacist and used in the collaborative care of the patient, the patient receives an individualized MAP for use in medication self-management. Completion of the MAP is a collaborative effort between the patient and the pharmacist. The patient MAP includes only items that the patient can act on that are within the pharmacist's scope of practice or that have been agreed to by relevant members of the healthcare team. The MAP should not include outstanding action items that still require physician or other healthcare professional review or approval. The patient can use the MAP as a simple guide to track his or her progress. The Institute of Medicine has advocated the need for a patient-centered model of healthcare.[7] The patient MAP, coupled with education, is an essential element for incorporating the patient-centered approach into the MTM service model. The MAP reinforces a sense of patient empowerment and encourages the patient's active participation in his or her medication-adherence behavior and overall MTM. A sample MAP is included in Appendix D.

The MAP, which is intended for use by the patient, may include the following information:

- Patient name
- Primary care physician (Doctor's name and phone number)
- Pharmacy/pharmacist (Pharmacy name/pharmacist name and phone number)
- Date of MAP creation (Date prepared)
- Action steps for the patient: "What I need to do..."
- Notes for the patient: "What I did and when I did it..."
- Appointment information for follow-up with pharmacist, if applicable

Specific items that require intervention and that have been approved by other members of the healthcare team and any new items within the pharmacist's scope of practice should be included on a MAP distributed to the patient on a follow-up visit. In institutional settings the MAP could be established at the time the patient is discharged for use by the patient in medication self-management.

Intervention and/or Referral: *The pharmacist provides consultative services and intervenes to address medication-related problems; when necessary, the pharmacist refers the patient to a physician or other healthcare professional.*

During the course of an MTM encounter, medication-related problems may be identified that require the pharmacist to intervene on the patient's behalf. Interventions may include collaborating with physicians or other healthcare professionals to resolve existing or potential medication-related problems or working with the patient directly. The communication of appropriate information to the physician or other healthcare professional, including consultation on the selection of medications, suggestions to address medication problems, and recommended follow-up care, is integral to the intervention component of the MTM service model.[29]

The positive impact of pharmacist interventions on outcomes related to medication-related problems has been demonstrated in numerous studies.[32–37] Appropriate resolution of medication-related problems involves collaboration and communication between the patient, the pharmacist, and the patient's physician or other healthcare professionals.

Some patients' medical conditions or medication therapy may be highly specialized or complex and the patient's needs may extend beyond the core elements of MTM service delivery. In such cases, pharmacists may provide additional services according to their expertise or refer the patient to a physician, another pharmacist, or other healthcare professional.

Examples of circumstances that may require referral include the following:

- A patient may exhibit potential problems discovered during the MTR that may necessitate referral for evaluation and diagnosis
- A patient may require disease management education to help him or her manage chronic diseases such as diabetes
- A patient may require monitoring for high-risk medications (e.g., warfarin, phenytoin, methotrexate)

The intent of intervention and/or referral is to optimize medication use, enhance continuity of care, and encourage patients to avail themselves of healthcare services to prevent future adverse outcomes.

Documentation and Follow-up: *MTM services are documented in a consistent manner, and a follow-up MTM visit is scheduled based on the patient's medication-related needs, or the patient is transitioned from one care setting to another.*

Documentation is an essential element of the MTM service model. The pharmacist documents services and intervention(s) performed in a manner appropriate for evaluating patient progress and sufficient for billing purposes.

Proper documentation of MTM services may serve several purposes including, but not limited, to the following:

- Facilitating communication between the pharmacist and the patient's other healthcare professionals regarding recommendations intended to resolve or monitor actual or potential medication-related problems
- Improving patient care and outcomes
- Enhancing the continuity of patient care among providers and care settings
- Ensuring compliance with laws and regulations for the maintenance of patient records
- Protecting against professional liability
- Capturing services provided for justification of billing or reimbursement (e.g., payer audits)
- Demonstrating the value of pharmacist-provided MTM services
- Demonstrating clinical, economic, and humanistic outcomes

MTM documentation includes creating and maintaining an ongoing patient-specific record that contains, in chronological order, a record of all provided care in an established standard healthcare professional format (e.g., the SOAP [subjective observations, objective observations, assessment, and plan] note[38]).

Ideally, documentation will be completed electronically or alternatively on paper. The inclusion of resources such as a PMR, a MAP, and other practice-specific forms will assist the pharmacist in maintaining consistent professional documentation. The use of consistent documentation will help facilitate collaboration among members of the healthcare team while accommodating practitioner, facility, organizational, or regional variations.

Documentation elements for the patient record may include, but are not limited to, the following:[22,29,38–40]

Documentation category	Examples
Patient demographics	Basic information: address, phone, e-mail, gender, age, ethnicity, education status, patient's special needs, health plan benefit/insurance coverage
Subjective observations	Pertinent patient-reported information: previous medical history, family history, social history, chief complaints, allergies, previous adverse drug reactions
Objective observations	Known allergies, diseases, conditions, laboratory results, vital signs, diagnostic signs, physical exam results, review of systems
Assessment	Problem list, assessment of medication-related problems
Plan	A care plan is the healthcare professional's course of action for helping a patient achieve specific health goals
Education	Goal setting and instruction provided to the patient with verification of understanding
Collaboration	Communication with other healthcare professionals: recommendations, referrals, and correspondence with other professionals (cover letter, SOAP note)
PMR	A record of all medications, including prescription and nonprescription medications, herbal products, and other dietary supplements
MAP	Patient-centric document containing a list of actions to use in tracking progress for self-management
Follow-up	Transition plan or scheduling of next follow-up visit
Billing	Amount of time spent on patient care, level of complexity, amount charged

External Communication of MTM Documentation

Following documentation of the MTM encounter, appropriate external communication should be provided or sent to key audiences, including patients, physicians, and payers. Providing the patient with applicable documentation that he or she can easily understand is vital to facilitating active involvement in the care process. Documentation provided to the patient at the MTM encounter may include the PMR, MAP, and additional education materials. Documentation to physicians and other healthcare professionals may include a cover letter, the patient's PMR, the SOAP note, and care plan. Communicating with payers and providing appropriate billing information may also be necessary and could include the name of the pharmacist or pharmacy and appropriate identifier, services provided, time spent on patient care, and appropriate billing codes.

Follow-up

When a patient's care setting changes (e.g., hospital admission, hospital to home, hospital to long-term care facility, home to long-term care facility), the pharmacist transitions the patient to another pharmacist in the patient's new care setting to facilitate continued MTM services. In these situations, the initial pharmacist providing MTM services participates cooperatively with the patient's new pharmacist provider to facilitate the coordinated transition of the patient, including the transfer of relevant medication and other health-related information.

If the patient will be remaining in the same care setting, the pharmacist should arrange for consistent follow-up MTM services in accordance with the patient's unique medication-related needs. All follow-up evaluations and interactions with the patient and his or her other healthcare professional(s) should be included in MTM documentation.

Conclusion

The MTM core elements, as presented in this document, are intended to be applicable to patients in all care settings where the patients or their caregivers can be actively involved with managing their medication therapy, taking full advantage of the pharmacist's role as the "medication therapy expert." A flow chart of the core elements of an MTM service model contained in this document can be found in Appendix E. As the core elements service model continues to evolve to meet diverse patient needs, pharmacists are encouraged to make the most of the framework provided to improve patient outcomes and medication use.

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Appendix A. Definition of Medication Therapy Management (MTM)❖

Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication product.

Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified healthcare provider's, scope of practice. These services include but are not limited to the following, according to the individual needs of the patient:

a. Performing or obtaining necessary assessments of the patient's health status
b. Formulating a medication treatment plan
c. Selecting, initiating, modifying, or administering medication therapy
d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness
e. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events
f. Documenting the care delivered and communicating essential information to the patient's other primary care providers
g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications
h. Providing information, support services, and resources designed to enhance patient adherence with his/her therapeutic regimens
i. Coordinating and integrating medication therapy management services within the broader healthcare management services being provided to the patient

A program that provides coverage for Medication Therapy Management services shall include:

a. Patient-specific and individualized services or sets of services provided directly by a pharmacist to the patient.* These services are distinct from formulary development and use, generalized patient education and information activities, and other population-focused quality-assurance measures for medication use
b. Face-to-face interaction between the patient* and the pharmacist as the preferred method of delivery. When patient-specific barriers to face-to-face communication exist, patients shall have equal access to appropriate alternative delivery methods. Medication Therapy Management programs shall include structures supporting the establishment and maintenance of the patient*–pharmacist relationship
c. Opportunities for pharmacists and other qualified healthcare providers to identify patients who should receive medication therapy management services
d. Payment for medication therapy management services consistent with contemporary provider payment rates that are based on the time, clinical intensity, and resources required to provide services (e.g., Medicare Part A and/or Part B for CPT and RBRVS)
e. Processes to improve continuity of care, outcomes, and outcome measures

Approved July 27, 2004, by the Academy of Managed Care Pharmacy, the American Association of Colleges of Pharmacy, the American College of Apothecaries, the American College of Clinical Pharmacy, the American Society of Consultant Pharmacists, the American Pharmacists Association, the American Society of Health-System Pharmacists, the National Association of Boards of Pharmacy,** the National Association of Chain Drug Stores, the National Community Pharmacists Association, and the National Council of State Pharmacy Association Executives.

* *In some situations, medication therapy management services may be provided to the caregiver or other persons involved in the care of the patient.*

** *Organization policy does not allow NABP to take a position on payment issues.*

❖ *Bluml BM. Definition of medication therapy management: development of profession wide consensus. J Am Pharm Assoc. 2005;45:566–72.*

Appendix B. Considerations for Identification of Patients Who May Benefit From MTM Services

Any patients using prescription and nonprescription medications, herbal products, and other dietary supplements could potentially benefit from the medication therapy management (MTM) services described in the core elements outlined in this service model, especially if medication-related problems or issues are discovered or suspected. Patients may be evaluated for MTM services regardless of the number of medications they use, their specific disease state(s), or their health plan coverage.

Opportunities for the identification of patients targeted for MTM services may result from many sources including, but not limited to, pharmacist identification, physician referral, patient self-referral, and health plan or other payer referral. Pharmacists may wish to notify physicians or other healthcare professionals in their community or physicians within their facility, if applicable, of their MTM services, so that physicians may refer patients for MTM services.

To provide assistance in prioritizing who may benefit most from MTM services, pharmacists, health plans, physicians, other healthcare professionals, and health systems may consider using one or more of the following factors to target patients who are likely to benefit most from MTM services:

- Patient has experienced a transition of care, and his or her regimen has changed
- Patient is receiving care from more than one prescriber
- Patient is taking five or more chronic medications (including prescription and nonprescription medications, herbal products, and other dietary supplements)
- Patient has at least one chronic disease or chronic health condition (e.g., heart failure, diabetes, hypertension, hyperlipidemia, asthma, osteoporosis, depression, osteoarthritis, chronic obstructive pulmonary disease)
- Patient has laboratory values outside the normal range that could be caused by or may be improved with medication therapy
- Patient has demonstrated nonadherence (including underuse and overuse) to a medication regimen
- Patient has limited health literacy or cultural differences, requiring special communication strategies to optimize care
- Patient wants or needs to reduce out-of-pocket medication costs
- Patient has experienced a loss or significant change in health plan benefit or insurance coverage
- Patient has recently experienced an adverse event (medication or non-medication-related) while receiving care
- Patient is taking high-risk medication(s), including narrow therapeutic index drugs (e.g., warfarin, phenytoin, methotrexate)
- Patient self-identifies and presents with perceived need for MTM services

Appendix C. Sample Personal Medication Record

Patients, professionals, payers, and health information technology system vendors are encouraged to develop a format that meets individual needs, collecting elements such as those in the sample personal medication record (PMR).

(Note: Sample PMR is two pages or one page front and back)

MY MEDICATION RECORD

side 1

Name:_____ **Birth date:** _____

LOGO

Include all of your medications on this record: prescription medications, nonprescription medications, herbal products, and other dietary supplements".
Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Drug		Take for...	When do I take it?				Start Date	Stop Date	Doctor	Special Instructions
Name	Dose		Morning	Noon	Evening	Bedtime				
Glyburide	5mg	Diabetes	1		1		1/15/08		Johnson (000-0000)	Take with food

This sample Personal Medical Record (PMR) is provided only for general informational purposes and does not constitute professional health care advice or treatment. The patient (or other user) should not, under any circumstances, solely rely on, or act on the basis of, the PMR or the information therein. If he or she does so, then he or she does so at his or her own risk. While intended to serve as a communication aid between patient (or other user) and health care provider, the PMR is not a substitute for obtaining professional healthcare advice or treatment. This PMR may not be appropriate for all patients (or other users). The National Association of Chain Drug Stores Foundation and the American Pharmacists Association assume no responsibility for the accuracy, currentness, or completeness of any information provided or recorded herein.

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MY MEDICATION RECORD

side 2

Name: _____ **Birth date:** _____ **Phone:**_____

Always carry your medication record with you and show it to all your doctors, pharmacists and other healthcare providers.

Emergency Contact Information
Name
Relationship
Phone Number
Primary Care Physician
Name
Phone Number
Pharmacy/Pharmacist
Name
Phone Number

Allergies	
What allergies do I have? (Medicines, food, other)	What happened when I had the allergy or reaction?

Other Medicine Problems	
Name of medicine that caused problem	What was the problem I had with the medicine?

When you are prescribed a new drug, ask your doctor or pharmacist:
• What am I taking?
• What is it for?
• When do I take it?
• Are there any side effects?
• Are there any special instructions?
• What if I miss a dose?

Notes:		
Patient's Signature	**Healthcare Provider's Signature**	**Date last updated**
		Date last reviewed by healthcare provider

08/09

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Appendix D. Sample Medication-Related Action Plan (for the Patient)

Patients, healthcare professionals, payers, and health information technology system vendors are encouraged to develop a format that meets individual and customer needs, collecting elements such as those included on the sample medication-related action plan (MAP) below.

MY MEDICATION-RELATED ACTION PLAN

Patient:	
Doctor (Phone):	
Pharmacy/Pharmacist (Phone):	
Date Prepared:	

The list below has important Action Steps to help you get the most from your medications. Follow the checklist to help you work with your pharmacist and doctor to manage your medications AND make notes of your actions next to each item on your list.

Action Steps ➡ What I need to do…	Notes ➡ What I did and when I did it…
☐	
☐	
☐	
☐	

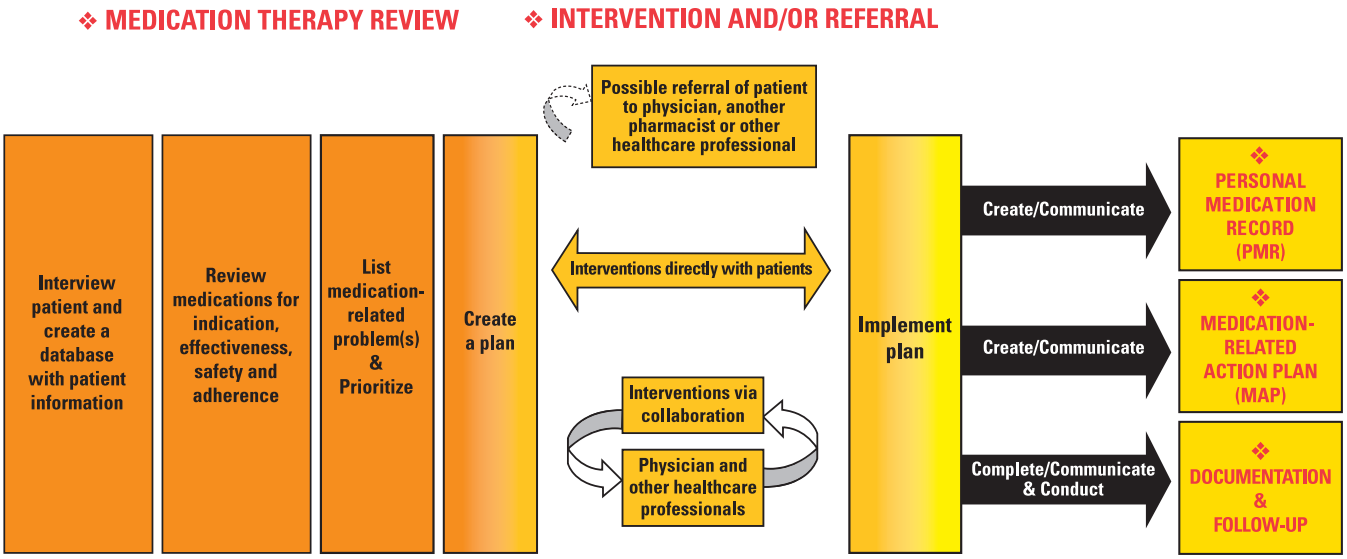
My Next Appointment with My Pharmacist is on:_____(date) at _____ ☐ AM ☐ PM

APhA and the NACDS Foundation encourage the use of this document in a manner and form that serves the individual needs of practitioners. All reproductions, including modified forms, should include the following statement: "This form is based on forms developed by the American Pharmacists Association and the National Association of Chain Drug Stores Foundation. Reproduced with permission from APhA and NACDS Foundation."

Appendix E. Flow Chart of a Medication Therapy Management Service Model

The Medication Therapy Management Core Elements Service Model

The diagram below depicts how the MTM Core Elements (❖) interface with the patient care process to create an MTM Service Model.



Addendum

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0 was developed with the input of an advisory panel of pharmacy leaders representing diverse pharmacy practice settings. The pharmacy practice setting areas represented by members of the advisory panel included ambulatory care, community, government technical support services, hospital, long-term care, managed care health systems, managed care organization plan administration, and outpatient clinics.

MTM Core Elements Service Model Version 2.0 Advisory Panel Members

Marialice S. Bennett, RPh, FAPhA
The Ohio State University

Rebecca W. Chater, RPh, MPH, FAPhA
Kerr Drug, Inc.

Kimberly Sasser Croley, PharmD, CGP, FASCP
Knox County Hospital

Rachael Deck, PharmD
Walgreen Co.

Jeffrey C. Delafuente, MS, FCCP, FASCP
Virginia Commonwealth University School of Pharmacy

Susan L. Downard, RPh
Kaiser Permanente of the Mid-Atlantic States, Inc

Margherita Giuliano, RPh
Connecticut Pharmacists Association

Zandra Glenn, PharmD
HRSA Pharmacy Services Support Center

Melinda C. Joyce, PharmD, FAPhA, FACHE
The Medical Center

Sandra Leal, PharmD, CDE
El Rio Community Health Center

Macary Weck Marciniak, PharmD, BCPS
Albany College of Pharmacy

Randy P. McDonough, PharmD, MS, CGP, BCPS
Towncrest and Medical Plaza Pharmacies

Melissa Somma McGivney, PharmD, CDE
University of Pittsburgh School of Pharmacy

Rick Mohall, PharmD
Rite Aid Corporation

Anthony Provenzano, PharmD, CDE
SUPERVALU Pharmacies, Inc.

Michael Sherry, RPh
CVS Caremark

Steven T. Simenson, RPh, FAPhA
Goodrich Pharmacies

Donna S. Wall, RPh, PharmD, BCPS, FASHP
Clarian Healthcare Partners, Indiana University Hospital

Winston Wong, PharmD
CareFirst BCBS

Staff

Ben Bluml, RPh
American Pharmacists Association Foundation

Anne Burns, RPh
American Pharmacists Association

Ronna Hauser, PharmD
National Association of Chain Drug Stores

Crystal Lennartz, PharmD, MBA
National Association of Chain Drug Stores

James Owen, PharmD
American Pharmacists Association

Afton Yurkon, PharmD
National Association of Chain Drug Stores

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0 advisory panel members provided expert advice. The content of this document does not necessarily represent all of their opinions or those of their affiliated organizations.

NOTES

To request a single print copy of the publication, click on the following link: http://fs6.formsite.com/APhA-NACDS/print_request/index.html

To provide comments and/or feedback on this publication, click on the following link: http://fs6.formsite.com/APhA-NACDS/core_elements_feedback/index.html

To obtain a copy of a slide presentation explaining the MTM Core Elements Service Model or to submit a request for a presentation to your organization or group, click on the following link: http://fs6.formsite.com/APhA-NACDS/presentation_request/index.html

Medication Therapy Management in Pharmacy Practice

Core Elements of an MTM Service Model

Version 2.0

NACDS FOUNDATION

American Pharmacists Association®
Improving medication use. Advancing patient care.
APhA

08-323

From:	Ashley Berthelot
To:	Joe Fontenot
Cc:	Eric Vidrine; David Mayer
Subject:	Written request for clarification on Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management 523 Section A.
Date:	Tuesday, August 27, 2013 11:54:15 AM

Mr. Fontenot,

This is a written request for clarification on Regulatory Project 2013-5 ~ Collaborative Drug Therapy Management 523 Section A.

Could we have clarification on “qualification” of the need to register for collaborative practice?

For example, IF a prescriber requests a recommendation of drug therapy from a pharmacist, a pharmacist gives a recommendation using tools available to them, and then the prescriber gives a valid prescription for the recommended order, should the pharmacist and prescriber be required to enter into a collaborative practice agreement?

Thank you and we look forward to the response of the board.

Ashley Berthelot
Chief Administrative Officer
Sales & Marketing Director

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Louisiana Administrative Code

Title 46 – Professional and Occupational Standards

Part LIII – Pharmacists

Chapter 5. Pharmacists

…

§523. Collaborative Drug Therapy Management

A. Definitions. As used in this Chapter, the following terms shall have the meaning ascribed to them in this Section:

Board – the Louisiana Board of Pharmacy.

Collaborative Drug Therapy Management or *Drug Therapy Management* – that practice in which a pharmacist voluntarily agrees with a physician to manage the disease specific drug therapy of one or more patients of such physician, within a predetermined range of medication selected by the physician and set forth in a patient specific written order set. Drug therapy management shall be limited to:

a. monitoring and modifying a disease specific drug therapy;

b. collecting and reviewing patient history;

c. obtaining and reviewing vital signs, including pulse, temperature, blood pressure, and respiration;

d. ordering, evaluating, and applying the results of laboratory tests directly related to the disease specific drug therapy being managed under an order set, provided such tests do not require the pharmacist to interpret such testing or formulate a diagnosis; and

e. providing disease or condition specific patient education and counseling.

Controlled Substance – any substance defined, enumerated, or included in federal or state statute or regulations, or any substance which may hereafter be designated as a controlled substance by amendment or supplementation of such statute or regulations.

Disease Specific Drug Therapy – a specific drug or drugs prescribed by a physician for a specific patient of such physician that is generally accepted within the standard of care for treatment of the diseases or condition.

Drug – (a) any substance recognized as a drug in the official compendium, or supplement thereto, designated by the board for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or animals; (b) any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or other animals, or (c) any substance other than food intended to affect the structure or any function of the body of humans or other animals.

Drugs of Concern – a drug that is not a controlled substance but which is nevertheless defined and identified in accordance with procedures established by the Louisiana Prescription Monitoring Program Act, R.S. 40:1001-1014, as a drug with the potential for abuse.

Pharmacist – for purposes of this Section, an individual who has a current unrestricted license to practice pharmacy in this state duly licensed by the board, who is approved by the board to engage in collaborative practice for a specific disease or condition based on the pharmacist's training and experience.

Physician – an individual lawfully entitled to engage in the practice of medicine in this state as evidenced by a current, unrestricted license duly issued by the Louisiana State Board of Medical Examiners.

Prescribe – a request or order transmitted in writing, orally, electronically or by other means of telecommunication for a drug that is issued in good faith, in the usual course of professional practice and for a legitimate medical purpose, by a physician for the purpose of correcting a physical, mental or bodily ailment of his patient.

Order Set – a written set of directives or instructions containing each of the components specified elsewhere in this Section for collaborative drug therapy management of disease specific drug therapy for a specific patient. The order set shall be signed by the physician and represents the physician orders for the collaborative drug therapy management to be provided to the patient.

B. Registration

1. Eligibility

a. No pharmacist shall engage in collaborative drug therapy management in this state until registered with the board in accordance with this Section. To be eligible for registration, a pharmacist shall, as of the date of the application:

i. possess a current, unrestricted license to practice pharmacy issued by the board and not be the subject of a pending investigation or complaint by the board or by the pharmacy licensing authority of any other state or jurisdiction;

ii. be actively engaged in the practice of pharmacy in this state and the provision of pharmacist care similar to the activities anticipated in the collaborative drug therapy management agreement.

b. A pharmacist shall be deemed ineligible for registration of collaborative drug therapy management who:

i. does not possess the qualifications prescribed by §523.B.1.a;

ii. has voluntarily surrendered or had suspended, revoked, or restricted his controlled dangerous substances license, permit, or registration (state or federal);

iii. has had a pharmacy license suspended, revoked, placed on probation or restricted in any manner by the board or by the pharmacy licensing authority of any other state or jurisdiction;

iv. has had an application for pharmacist licensure rejected or denied; or

v. has been, or is currently in the process of being denied, terminated, suspended, refused, limited, placed on probation or under other disciplinary action with respect to participation in any private, state, or federal health insurance program.

c. The board may, in its discretion, waive the limitations referenced in Subparagraph B.1.b of this Section on a case-by-case basis.

d. The board may deny registration to an otherwise eligible pharmacist for any of the causes enumerated in R.S. 37:1241.A, or any other violation of the provisions of the Pharmacy Practice Act or the board's rules.

e. The burden of satisfying the board as to the eligibility of a pharmacist for registration to engage in collaborative drug therapy management shall be upon the pharmacist. A pharmacist shall not be deemed to possess such qualifications unless and until the pharmacist demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

2. Application and Issuance

a. Application for registration to engage in collaborative drug therapy management shall be made upon forms supplied by the board. Application forms and instructions may be obtained from the board's website or by contacting the board's office.

b. An application for registration to engage in collaborative drug therapy management shall include:

i. the pharmacist's full name, license number, mailing address of record, and emergency contact information;

ii. the nature of the collaborative drug therapy management activities contemplated, i.e., the disease or condition proposed for management;

iii. a description of the pharmacist's professional education that qualifies him to engage in collaborative drug therapy management activities described in the application;

iv. proof documented in a form satisfactory to the board that the pharmacist possesses the qualifications set forth in this Section; and

v. such other information and documentation as the board may require to evidence qualification for registration.

c. The board may reject or refuse to consider any application for registration which is not complete in every detail required by the board. The board may, in its discretion, require a more detailed or complete response to any request for information set forth in the application as a condition to consideration.

d. A pharmacist seeking registration to engage in collaborative drug therapy management shall be required to appear before the board or its designee if the board has questions concerning the nature or scope of the pharmacist's application, finds discrepancies in the application, or for other good cause as determined by the board.

e. When all the qualifications, requirements, and procedures of this Section are met to the satisfaction of the board, the board shall approve and register a pharmacist to engage in collaborative drug therapy management. Registration of authority to engage in collaborative drug therapy management shall not be effective until the pharmacist receives notification of approval from the board.

f. Although a pharmacist shall notify the board each time he intends to engage in collaborative drug therapy management with a physician other than the physician identified in the pharmacist's original application, registration with the board is only required once. The board shall maintain a list of pharmacists who are registered to engage in collaborative drug therapy management.

g. Each pharmacist registered to engage in collaborative drug therapy management shall be responsible for updating the board within 10 days in the event of any change in the information recorded in the original application.

3. Expiration of Registration; Renewal

a. A pharmacist's registration to engage in collaborative drug therapy management with a physician shall terminate and become void, null and without effect upon the earlier of:

i. death of either the pharmacist or physician;

ii. loss of license of the pharmacist;

iii. disciplinary action limiting the ability of the pharmacist to enter into collaborative drug therapy management;

iv. notification to the board that the pharmacist has withdrawn from collaborative drug therapy management;

v. a finding by the board of any of the causes that would render a pharmacist ineligible for registration; or

vi. expiration of a pharmacist's license or registration to engage in collaborative drug therapy management for failure to timely renew such license or registration.

b. Registration of authority to engage in collaborative drug therapy management shall expire annually on the same day as a pharmacist's license unless renewed by the pharmacist by completing the application form supplied by the board. An application for registration renewal shall be made part of and/or accompany a pharmacist's renewal application for pharmacist licensure.

c. The timely submission of an application for renewal of registration shall operate to continue the expiring registration in effect pending renewal of registration or other final action by the board on such application for renewal.

C. Advisory Committee. The Collaborative Drug Therapy Management Advisory Committee, constituted as provided for in LAC 46:XLV.7417, shall assist the Board of Medical Examiners and the Board of Pharmacy on matters relative to collaborative drug therapy management. The President of the Board of Pharmacy shall appoint a pharmacist to serve on the committee, and said pharmacist shall serve at the pleasure of the Board of Pharmacy.

D. Standards of Practice

1. Authority, Responsibility, and Limitations of Collaborative Drug Therapy Management

a. A pharmacist registered with the board under this Section may engage in collaborative drug therapy management with a physician in accordance with a patient specific, drug specific, disease specific order set satisfying the requirements of this Section.

b. A pharmacist engaged in collaborative drug therapy management shall:

i. retain professional responsibility to his patient for the management of their drug therapy;

ii. establish and maintain a pharmacist-patient relationship with each patient subject to collaborative drug therapy management;

iii. be geographically located to be physically present to provide pharmacist care to a patient subject to collaborative drug therapy management;

iv. provide on a scheduled basis no less than every three months, a status report on the patient, including but not limited to, any problem, complication, or other issues relating to patient non-compliance with drug therapy management. This requirement may be met by entering the information in the patient's medical record.; and

v. be available through direct telecommunication for consultation, assistance, and direction.

c. A pharmacist's registration to engage in collaborative drug therapy management with a physician is personal to the pharmacist. A pharmacist registered to engage in drug therapy management shall not allow another pharmacist not so registered or any other individual to exercise the authority conferred by such registration.

d. Collaborative drug therapy management shall only be utilized for disease specific drug therapy as defined in this Section.

e. The scope of the collaborative drug therapy management shall not include:

i. any patient of the physician for whom such physician has not prepared a patient specific, drug specific, disease or condition specific order set based on a face-to-face visit with the patient;

ii. initiation or discontinuance of drug therapy by a pharmacist, except as specified in the order set;

iii. the management of controlled substances or drugs of concern; or

iv. substitution of a drug prescribed by a physician without the explicit written consent of such physician.

2. Informed Consent

a. A pharmacist shall not engage in collaborative drug therapy management of a patient without the patient's written informed consent.

b. In addition to the requirements provided by law for obtaining a patient's informed consent, each patient who is subject to ~~a~~ collaborative drug therapy management shall be:

i. informed of the collaborative nature of drug therapy management for the patient's specific medical disease or condition and provided instructions and contact information for follow-up visits with the pharmacist and physician;

ii. informed he may decline to participate in a collaborative drug therapy management practice and may withdraw at any time without terminating the physician-patient or pharmacist-patient relationship; and

iii. provided written disclosure of any contractual or financial arrangement with any other party that may impact one of the party's decision to participate in the agreement.

c. All services provided shall be performed in a setting which insures patient privacy and confidentiality.

3. Order Sets

a. A separate order set shall be written for each patient to be managed by collaborative drug therapy management. A copy of each order set shall be:

i. provided to the collaborating physician and pharmacist; and

ii. made part of the patient's pharmacy record.

b. A physician shall develop a patient specific order set for a particular patient or utilize a standard written protocol order set , incorporating what patient specific deviations, if any, the physician may deem necessary or appropriate for such patient. In either event, an order set for disease specific drug therapy shall adhere to generally accepted standards of care and shall identify, at a minimum:

i. the pharmacist, the physician, and telephone number and other contact information for each;

ii. the patient's name, address, gender, date of birth, and telephone number;

iii. the disease or condition to be managed;

iv. the disease specific drug or drugs to be utilized;

v. the type and extent of drug therapy management the physician authorizes the pharmacist to perform;

vi. the specific responsibilities of the pharmacist and physician;

vii. the procedures, criteria, or plan the pharmacist is required to follow in connection with drug therapy management;

viii. the specific laboratory test or tests, if any, directly related to drug therapy management the physician authorizes the pharmacist to order and evaluate;

ix. the reporting and documentation requirements of the pharmacist and physician respecting the patient and schedule by which such are to take place;

x. the conditions and events upon which the pharmacist and physician are required to notify one another; and

xi. procedures to accommodate immediate consultation by telephone or direct telecommunication with, between, or among the pharmacist, physician, and the patient.

c. Each order set utilized for collaborative drug therapy management of a patient shall be reviewed annually by the collaborating physician, or more frequently as such physician deems necessary, to address patient needs and to insure compliance with the requirements of this Section. The physician's signature and date of review shall be noted on the order set and maintained by the pharmacist in accordance with this Section.

4. Reporting Obligations and Responsibilities

a. A pharmacist engaged in collaborative drug therapy management shall report annually, as a condition to the renewal of his registration, whether or not and the extent to which the pharmacist is engaged in collaborative drug therapy management and such other information as the board may request.

b. A pharmacist engaged in collaborative drug therapy management shall comply with reasonable requests by the board for personal appearances or information relative to the functions, activities, and performance of a pharmacist or physician engaged in collaborative drug therapy management.

5. Records

a. The following information shall be included in the pharmacy's record of a patient subject to collaborative drug therapy management:

i. the prescription or order implementing collaborative drug therapy management;

ii. the order set applicable to the patient evidencing documentation of the physician's annual review;

iii. documentation of all activities performed by the pharmacist;

iv. consultations and status reports by and between the pharmacist and physician; and

v. documentation of the patient's informed consent to collaborative drug therapy management.

b. A pharmacist registered to engage in collaborative drug therapy management shall maintain and produce, upon inspection conducted by or at the request of a representative of the board, a copy of any order sets and such other records or documentation as may be requested by the board to assess a pharmacist's compliance with requirements of this Section, the Pharmacy Practice Act, or other applicable board rules.

E. Sanctions

1. Action against Registration. For noncompliance with any of the provisions of this Section, the board may, in addition to or in lieu of administrative proceedings against a pharmacist's license, suspend or revoke a pharmacist's registration to engage in collaborative drug therapy management, or may impose such terms, conditions, or restrictions thereon as the board may deem necessary or appropriate.

2. Action against Pharmacist License. Any violation or failure to comply with the provisions of this Section shall be deemed a violation of R.S. 37:1241.A.1, as well as a violation of any other applicable provisions of R.S. 37:1241.A, providing cause for the board to take any of the actions permitted in R.S. 37:1241.A against the pharmacist's license.

3. Unauthorized Practice. Nothing in this Section shall be construed as authorizing a pharmacist to issue prescriptions, exercise independent medical judgment, render diagnoses, provide treatment, assume independent responsibility for patient care, or otherwise engage in the

practice of medicine as defined in the Louisiana Medical Practice Act. Any person who engages in such activities, in the absence of medical licensure issued by the Louisiana State Board of Medical Examiners, shall be engaged in the unauthorized practice of medicine and subject to the penalties prescribed by the Louisiana Medical Practice Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1164(37)(b)(i).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 33:1125 (June 2007), amended LR

…

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

NOTICE IS HEREBY GIVEN that a meeting of the Executive Committee has been ordered and called for the late afternoon of Tuesday, November 5, 2013 [to follow the meeting of the Impairment Committee] at the Board office, for the purpose to wit:

A G E N D A

NOTE: This agenda is tentative until 24 hours in advance of the meeting, at which time the most recent revision becomes official.

Revised 11-03-2013

1. Call to Order

2. Quorum Call

3. Call for Additional Agenda Items

4. Opportunity for Public Comment

5. Review of Administrative Operations

6. Consideration of Proposed Revision to Board's *Policy & Procedure Manual* re *Policy No. II.A.5 – Salary Administration / Flexible Maximum Hire Rate*

7. Adjourn

NOTE: *Pursuant to the Open Meetings Law at La. R.S. 42:16, the committee may, upon 2/3 affirmative vote of those members present and voting, enter into executive session for the limited purposes of (1) discussion of the character, professional competence, or physical or mental health of a licensee, (2) investigative proceedings regarding allegations of misconduct, (3) strategy sessions or negotiations with respect to litigation, (4) discussions regarding personnel matters, or other purposes itemized at La. R.S. 42:17.*

Prescription Monitoring Program

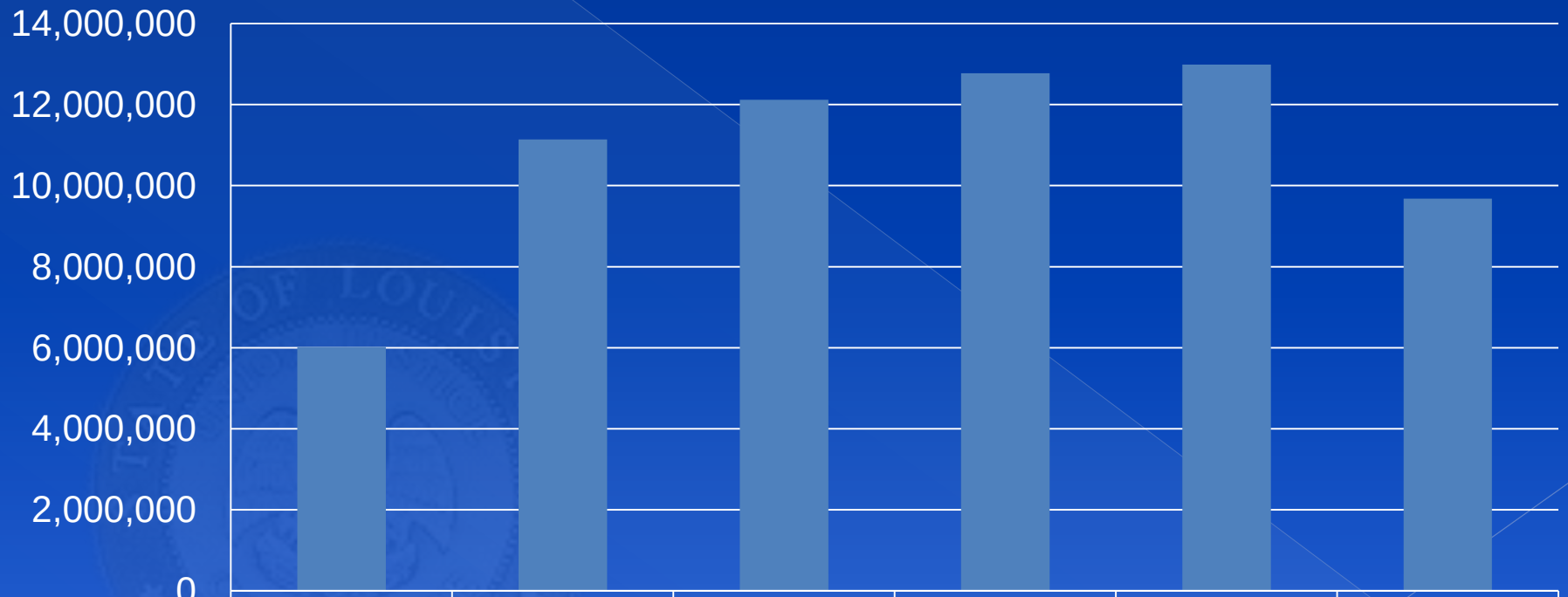
Board Meeting
November 6, 2013

Joe Fontenot, R.Ph. Assistant Executive Director
Danielle C. Meadors, Administrative Assistant

Number of Eligible Transactions Reported to the PMP

Total Reported as of September 30, 2013

65,488,393

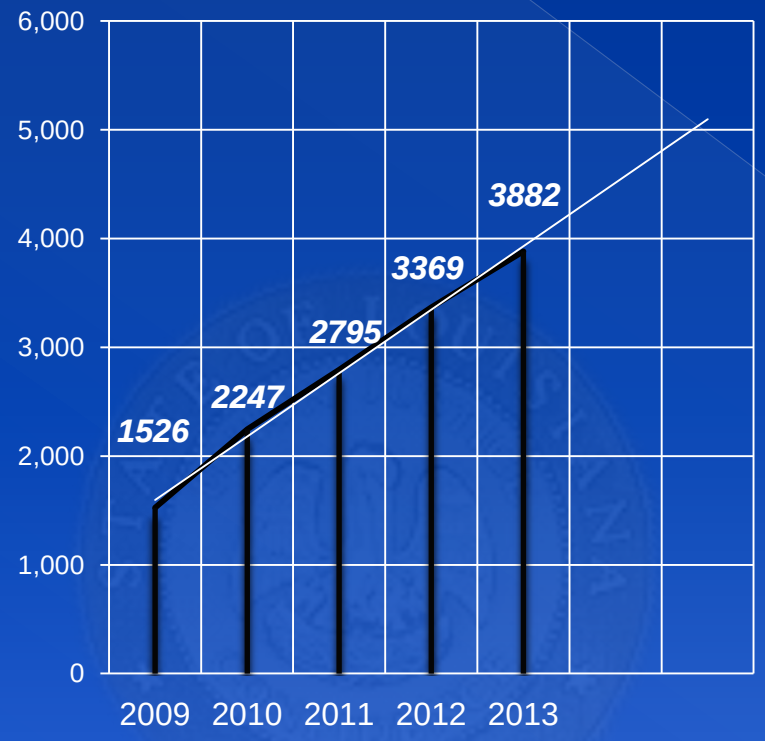


	2008	2009	2010	2011	2012	2013
RXs	6,015,089	11,143,865	12,116,982	12,775,344	12,989,950	9,676,509

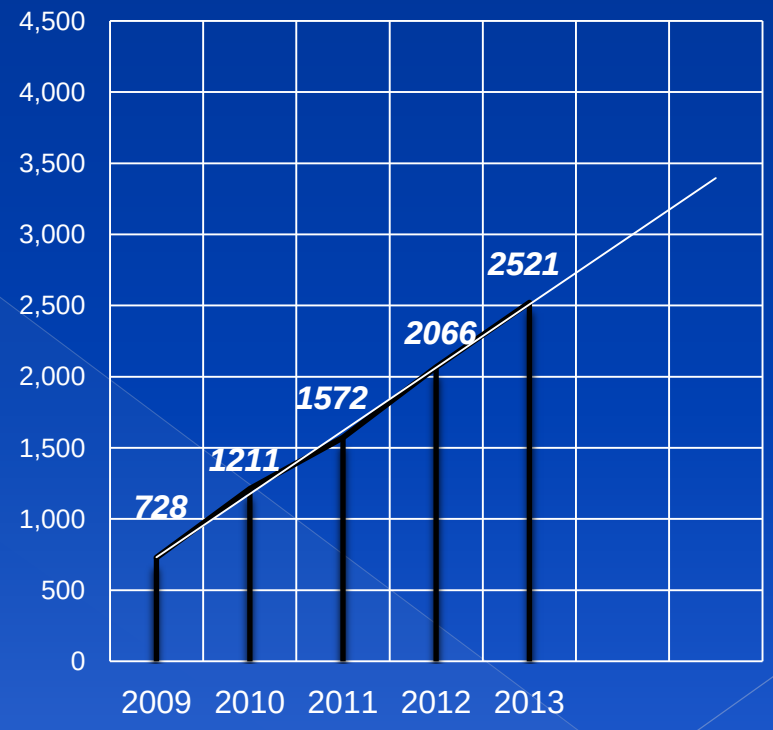
Practitioner Access

(as of September 30, 2013)

Prescribers **–Total Authorized 3,882**



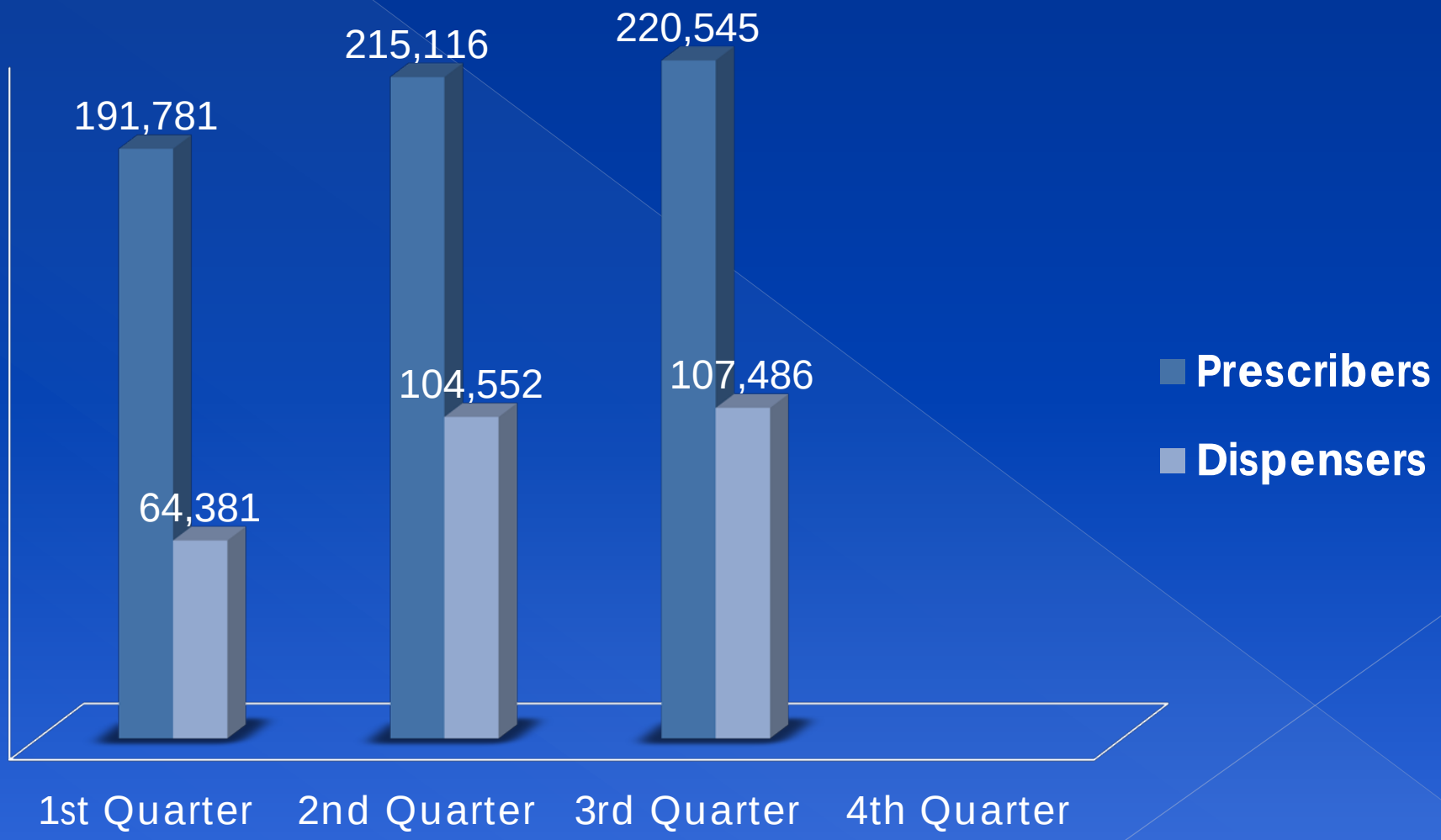
Dispensers **– Total Authorized 2,521**



Total Number of Practitioners with Access – 6,403

Practitioner Queries – 2013

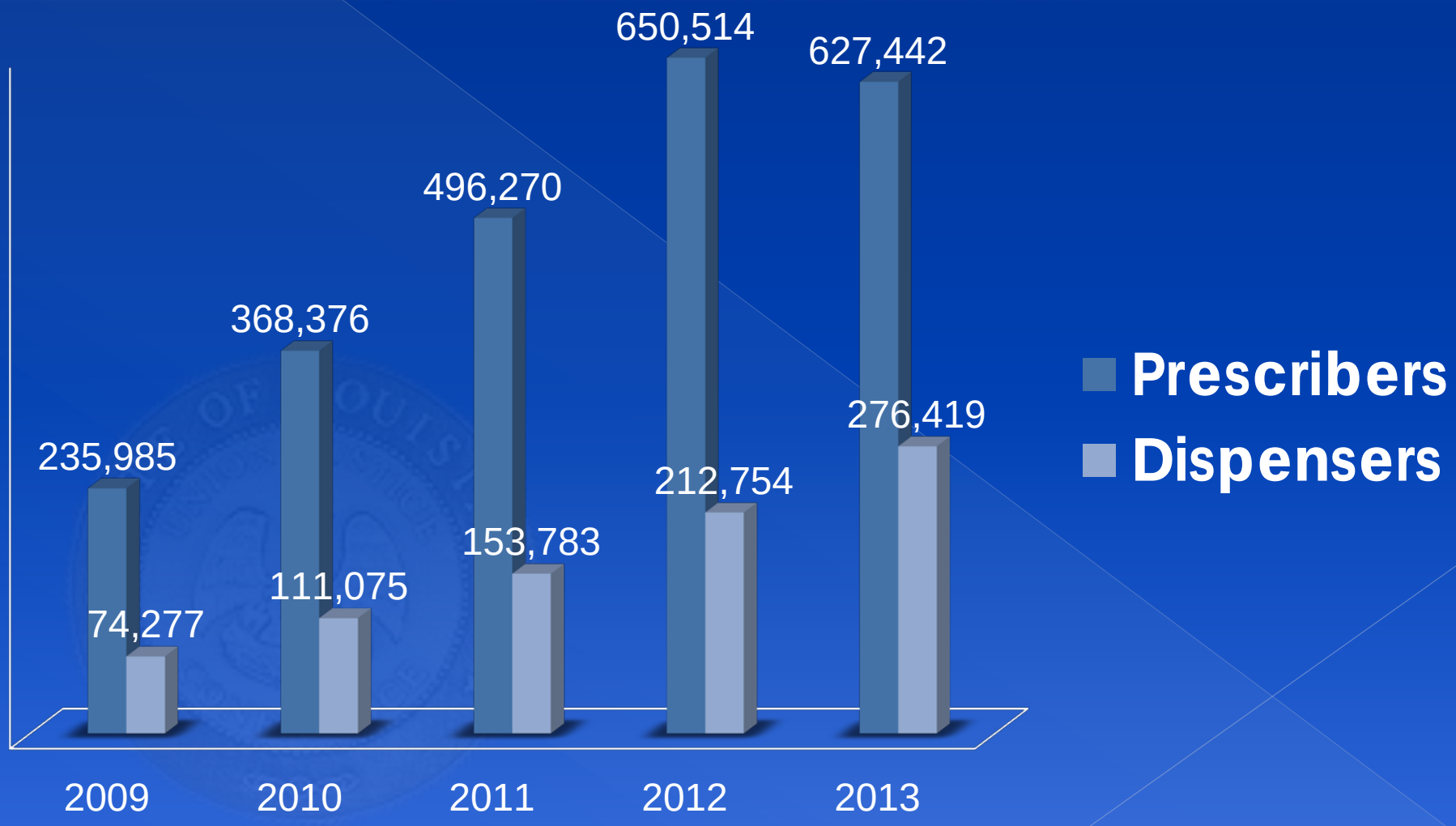
Overall Query total = 903,861



Practitioner Queries

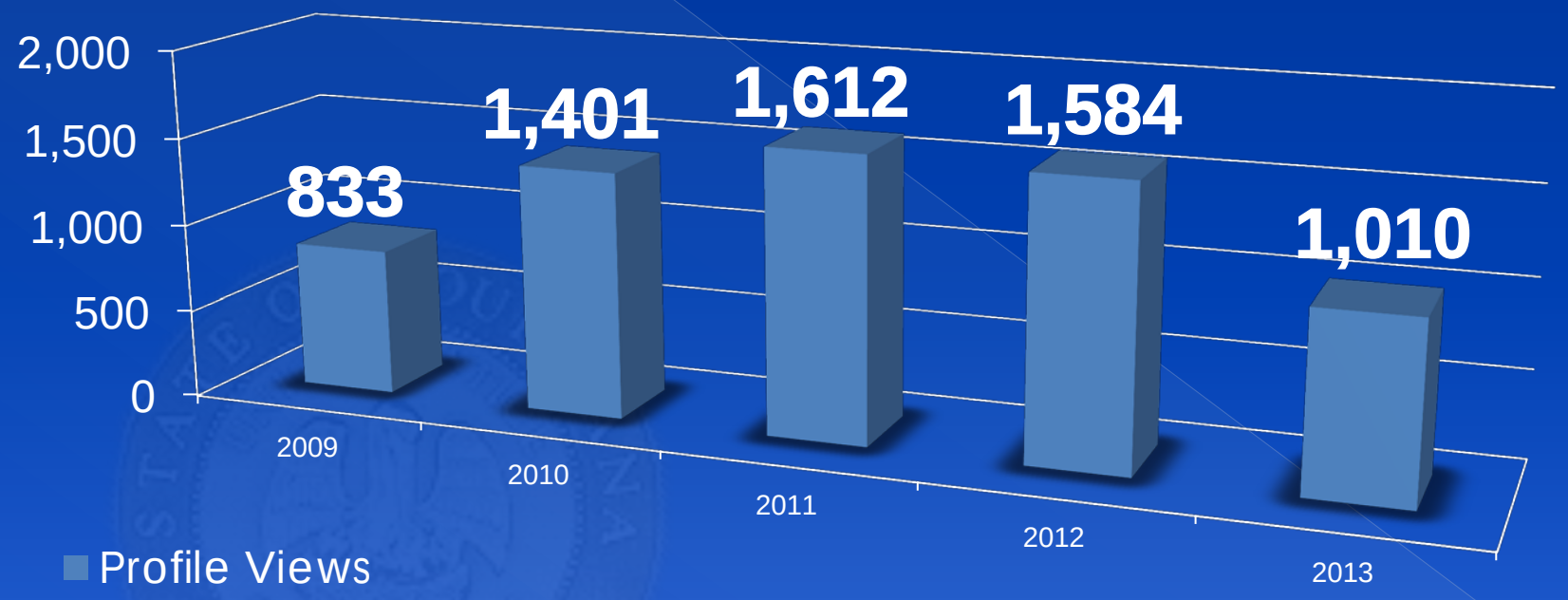
(01/01/2009 through 09/30/2013)

Overall Query total = 3,206,895



Board and Regulatory Agencies

Profile Views by Boards & Regulatory Agencies Total = **6,440**
(01/01/2009 through 09/30/2013)



Law Enforcement Access and Requests

Number of Law Enforcement Requests Processed = **4,512**

(01/01/2009 through 09/30/13)

2009	2010	2011	2012	2013
680	889	1,230	845	868

Requests for Exemption from PMP Reporting
November 6, 2013

In accordance with LA.R.S:40.4.X-A.1006.C. The board may issue a waiver to a dispenser who is unable to submit prescription information by electronic means. The waiver shall state the format and frequency with which the dispenser shall submit the required information. The board may issue an exemption from the reporting requirement to a dispenser whose practice activities are inconsistent with the intent of the program. The board may rescind any previously issued exemption without the need for an informal or formal hearing.

Permit	Type	Name	Scope of Practice	DEA	City	State
5250	OS	Cystic Fibrosis Services	Cystic Fibrosis	Yes	San Antonio	TX
6125	HOS	Promise Hospital Pharmacy	Inpatient Dispensing	Yes	Baton Rouge	LA
6472	OS	Advanced Pharmacy	Disease Specific States	No	Piedmont	SC
6567	OS	Henry Schein Animal Health Supply	Mail-Order Veterinary Pharmacy	No	Sandston	VA
6585	IR	HPC Biologicals	Disease Treatment	Yes	Morgan City	LA
6615	OS	JCB Laboratories	Compounding	Yes	Wichita	KS
6630	OS	Amber Pharmacy	Transplant, Hepatitis C, Rheymatoid Arthritis, and Cancer Patients	Yes	Omaha	NE
6665	OS	QPHARxMACY		Yes	Cedar Knolls	NJ
6685	HOS	LSU Health Baton Rouge - Surgical Center Pharmacy	Outpatient Surgical Center	Yes	Baton Rouge	LA
6696	OSN	Cardinal Health 414	Nuclear Pharmacy	No	Denver	CO
6706	OS	Advantage Pharmacy	Mail-order Veterinary Pharmacy	Yes	Memphis	TN
6737	OS	EntrustRx	Specialty Meds (GH Oncology, Hep-C)	Yes	Spring Hill	TN
6744	HOS	Our Lady of the Lake Outpatient Infusion Pharmacy at Picardy	Outpatient Infusion Center	Yes	Baton Rouge	LA
6728	HOS	University Medical Center Management Corporation (Interim LSU Hospital)	Inpatient Pharmacy	No	New Orleans	LA
6608	OS	VetRxDirect	Online Pet Pharmacy	Yes	Coralville	IA

Staff Recommendation
Approve the proposed waivers conditioned upon execution of the standard Consent Agreement:

WAIVER TO PRESCRIPTION MONITORING PROGRAM REPORTING REQUIREMENTS CONSENT AGREEMENT

WHEREAS, in order to facilitate the pharmacy's request for a waiver to the reporting requirements to the Louisiana Board of Pharmacy's Prescription Monitoring Program (PMP) as required by law, the Pharmacy indicated below agrees to the following terms:

(1) The Pharmacy shall not be authorized to dispense any controlled dangerous substances (CDS) or *drugs of concern,* with the exception of hospital inpatient dispensing, as identified by the Louisiana Board of Pharmacy (Board) by regulation.
(2) Upon the first instance of receipt of evidence by the Board indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to the following sanction:
The Pharmacy agrees to pay a fine of $5,000.00 and reimburse the Board $250.00 in administrative hearing costs, with total payment due the Board of $5,250.00, due by certified check or money order within 30 days of notice of this prohibited activity.

(3) Upon the second instance of receipt of evidence indicating the Pharmacy dispensed CDS or drugs of concern, the Pharmacy agrees to pay the above sanction, the termination of this waiver and the resumption of its reporting to the PMP.
(4) The Pharmacy shall post a copy of this agreement adjacent or attached to its pharmacy permit.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

CYSTIC FIBROSIS SERVICES
a Walgreens Alliance Pharmacy

August 29, 2013

Louisiana Board of Pharmacy
Prescription Drug Monitoring
3388 Brentwood Drive
Baton Rouge, LA 70809

RE: Waiver

To whom it may concern:

Cystic Fibrosis Services, Inc. does not dispense any controlled substance or drugs of concern in the state of Louisiana. We would like to formally request a waiver from prescription drug monitoring reporting.

Our mission is to provide high quality customer support and low cost medications to the Cystic Fibrosis community. We offer all the medications needed to fight this fatal disease, as well as provide patient advocacy, caregiver support, access to the latest Cystic Fibrosis products, free nebulizer's, and refrigerated overnight shipping for products like Pulmozyme and Tobi.

Our pharmacy demographics are as follows:

- Pharmacy Name: Cystic Fibrosis Services, Inc.
- Permit Number: PHY.005250-OS
- Federal DEA: BC8313227

Please note that should our pharmacy in the future make the business decision to begin dispensing controlled substances or drugs of concern we will notify the board immediately.

Please feel free to contact me at (301) 251-7482, with any questions you may have regarding CF Services. I appreciate the time and attention you will give this matter and look forward to hearing from you.

Sincerely,

James Stone

James Stone
Vice President & General Manager

6931 Arlington Rd., Suite 400, Bethesda, MD 20814
Phone: 800-541-4959 | CFServicesPharmacy.com

Danielle Clausen

From: Steve McQueen <smcqueen@promisehealthcare.com>
Sent: Tuesday, September 10, 2013 9:51 AM
To: Danielle Clausen
Subject: Prescription Monitoring Program waiver letter

To the Board of Pharmacy:

I am writing to officially request a waiver for reporting to the Prescription Monitoring Program for the following Pharmacy:

Promise Hospital Pharmacy
17000 Medical Center Drive, Third Floor
Baton Rouge, LA 70816

Permit # PHY.006125-HOS
DEA# FP0050865

Our scope of practice is inpatient dispensing only and we do not dispense at all to outpatients. If you have any questions or concerns, please contact me via email or phone at the information provided below.

I greatly appreciate your consideration in this matter,

Steve McQueen, RPh
Director of Pharmacy Services

Promise Hospital Pharmacy
17000 Medical Center Drive, Third Floor
Baton Rouge, LA 70816
P: (225) 236-5131
C: (225) 572-3553
F: (225) 755-4916
smcqueen@promisehealthcare.com

Confidentiality Notice: ***This email communication and any attachments may contain confidential and privileged information, including but not limited to Protected Health Information (PHI) all of which is intended only for the use of the designated recipients. If you are not the intended recipient, or are not authorized to receive for the recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents is prohibited. If you have received this communication in error, please destroy all copies of this communication and any attachments and contact the sender by reply email.***

We are asking the State Board of Louisiana to exempt our pharmacy from zero reporting. We are asking for exemption from reporting since we do not dispense any controlled substances at all and we do not possess a DEA number. Our pharmacy is open 5 days a week, 8am-5pm. We dispense to patients in 39 different states. Examples of drugs we dispense are insulin, Metformin, Januvia, heart medications, medications for Alzheimer's, and various other cholesterol drugs. We do not see patients in house.

Advanced Pharmacy, PHY.006472-OS

PIC- Heather Alford
License 10733, South Carolina
350-D Feaster Rd.
Greenville, SC 29615

RECEIVED
OCT 04 2013
LA BOARD OF PHARMACY

HENRY SCHEIN®
ANIMAL HEALTH

8th of October, 2013

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Re: Non-resident pharmacy permit # PHY.006567-OS Sandston VA CS Report Waiver

To whom it may concern:

I am writing on behalf of the above mentioned non-resident pharmacy, to request a waiver from the reporting requirements of the PMP program for the simple fact that we do not currently possess, dispense, store and distribute any controlled substances in our facility. This will include tramadol and Fioricet.

We are a Vet-VIPPS accredited internet mail order pharmacy that ships Veterinarian-prescribed maintenance drugs directly to our client's homes. We also do not compound medications nor possess refrigerated products.

We are not required to have a DEA number, NABP or NCPDP number, due to the business model of our pharmacy.

Thank you for all your help and in anticipation of your reply at your earliest convenience.

Please do not hesitate to contact me at 8663455338 option 2 or kukauwa@henryscheinvet.com or bsmith@henryscheinvet.com for any questions.

Sincerely,

Kenneth Ukauwa, PharmD
Pharmacist-In-Charge

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OCT 11 2013
LA BOARD OF PHARMACY

Louisiana Board of Pharmacy
Joe Fontenot, R.Ph.
Prescription Monitoring Program Manager
3388 Brentwood Drive
Baton Rouge, LA 70809

September 25, 2013

Dear Board of Pharmacy,

On behalf of HPC Biologicals, I would like to request a waiver for Louisiana Board of Pharmacy's Act 676. This act requires pharmacies to report the dispensing information for all controlled substances dispensed in the state or dispensed to an address in the state.

HPC Biologicals has been in business since 2002 treating disease states, such as Hemophilia, HIV/AIDS, Hepatitis C, Chrohn's Disease, Immune Deficiencies, and Rheumatoid Arthritis. HPC does not dispense controlled substances and would greatly appreciate not having to participate in the prescription monitoring program. HPC is both CHAP and URAC Accredited which ensures that we conduct business in a manner that meets predetermined criteria and is consistent with national standards.

Thank you for your time and consideration. Please feel free to contact me or Kathy Rowland at 1-800-757-9192 with any questions or concerns.

Sincerely,

Floyd L. Slay. R.Ph

63 South Royal Street, Suite 710 | Mobile, AL 36602 | 1.800.757.9192 | hpcinternational.com

JCB LABORATORIES

09/27/2013

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809

Louisiana Board of Pharmacy:

JCB Laboratories is a compounding-only pharmacy that specializes in preparing sterile products. JCB does not ship controlled substances to Louisiana. We would like to request a waiver to the Prescription Monitoring Program. Thank you for your consideration.

R.Ph

Gregory Rockers, R.Ph.
Pharmacist in Charge

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SEP 27 2013
LA BOARD OF PHARMACY

7335 W 33rd St. N
Wichita, KS 67205

316.773.0405 | 316.773.0406
877.405.8066 | info@jcblabs

www.jcblabs.com

Experts in sterile compounded solutions.

Amber PHARMACY

FAX 402.896.3774

TOLL FREE 888.370.1724
amberpharmacy.com

LOCATIONS

10004 South 152nd Street
Omaha, Nebraska 68138
888.370.1724

1301 East Arapaho Road
Suite 103
Richardson, Texas 75081
877.306.3211

323 Norristown Road
Suite 100
Ambler, Pennsylvania 19002
877.853.1644

213 West Institute Place
Suite 206
Chicago, Illinois 60610
800.921.1573

October 4, 2013

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809
ATTN: Danielle Clausen

Ms. Clausen,

Amber Pharmacy is a specialty pharmacy with emphasis on treating transplant patients, Hepatitis C patients, rheumatoid arthritis patients, and cancer patients.

Since we received our non-resident license, we have never shipped any controlled substances (including tramadol and butalbital/acetaminophen products) into the State of Louisiana. Further, we have no intention of shipping any such substances into your state in the future.

We are requesting a waiver from reporting via the PMP website.

Until such waiver is granted, we will file a zero report via the PMP website.

Thank you,

Jill Raybourn, RP

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OCT 10 2013
LA BOARD OF PHARMACY

...for life

QPHARMA

August 19th 2013

Louisiana Board of Pharmacy
Prescription Monitoring Program
5615 Corporate Blvd., 8th Floor
Baton Rouge, LA 70808-2537

Re: PDMP Waiver – Zero Reporting
QPHARxMACY, Inc.

Dear Sir or Madam,

QPHARxMACY does not dispense any controlled substances of any schedule at this time. I would like to request a waiver from reporting zero dispensing to the prescription drug monitoring program. If the pharmacy begins to dispense controlled substances, reporting of controls to the PDMP would resume.

Sincerely,

Scott Angus PharmD RPh
Pharmacist-In-Charge
QPHARxMACY, Inc.
45 Horsehill Rd. Ste 103
Cedar Knolls, NJ 07927
Phone: (973) 984-2550
Fax: (973) 656-2622
www.qpharmacorp.com
scott.angus@qpharmacorp.com

September 17, 2013

To Whom It May Concern:

In reference to the LSU Health Baton Rouge-Surgical Center Pharmacy located at 9032 Perkins Road, Baton Rouge, La 70810, Permit number 6685-HOS, DEA number FL3797567 I am requesting a waiver to the PMP for the reporting of narcotics. We are an outpatient surgical center in which no narcotic prescriptions are dispensed for use outside of the hospital. Please contact with any questions.

Teri Ducote Rph
LSU Health Baton Rouge- Surgical Center Pharmacy
a Division of Our Lady of the Lake
9032 Perkins Road
Baton Rouge, La 70810
225-768-5840

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SEP 17 2013
LA BOARD OF PHARMACY

Cardinal Health
Nuclear Pharmacy Services
7000 Cardinal Place
Dublin, OH 43017
614.757.5000 main
800.234.8701 toll free

CardinalHealth

September 10, 2013

cardinalhealth.com

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809

Re: request for exemption from controlled substance reporting
Louisiana license# PHY.006696-OSN
Cardinal Health 414, LLC
10400 E. 48th Avenue
Denver, CO 80238

Dear Board,

Please allow this letter to serve as a request for exemption from controlled substance reporting.

The Cardinal Health Nuclear Pharmacy listed above does not dispense or maintain an inventory of controlled substances. In addition this pharmacy does not possess a DEA license.

Please remove the Cardinal Health pharmacy (PHY.006696-OSN) from the reporting requirement.

Sincerely,

Ngoc Pham, RPh
Cardinal Health 414, LLC
Nuclear Pharmacy Services
Denver, CO 80238
303-373-0579 Tel
720-374-7354 Fax
Ngoc.pham@cardinalhealth.com

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SEP 17 2013
LA BOARD OF PHARMACY

Advantage Pharmacy LLC

To: The Louisiana Board of Pharmacy

From: Advantage Pharmacy LLC

September 24, 2013

Re: Request for exemption from controlled substance reporting

---

We are a Tennessee based pharmacy and hold a non-resident pharmacy license in Louisiana (PHY.006706-0S). We do not ship any medications classified as a controlled substance into the state of Louisiana nor will we in the future. We hereby request an exemption from any controlled substance reporting requirements.

We truly appreciate your consideration. Please do not hesitate to contact us with any questions.

Sincerely:

Craig Gilmore
President

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SEP 26 2013
LA BOARD OF PHARMACY

Advantage Pharmacy LLC
2175 Business Center Drive, Ste. 6, Memphis, TN 38134 • Tel: (901) 881-9770

Danielle Clausen

From: Bradley Wooldridge <BWooldridge@entrustrx.com>
Sent: Monday, August 19, 2013 12:54 PM
To: Danielle Clausen
Subject: PMP exemption

Danyale,
I wanted to write the LA BOP and ask for an exemption to reporting to the PMP for narcotic substances. EntrustRx does not and will not order controlled substances for LA patients or any patients in any state. Our DEA is BR6259976 and our LA license number is PHY.006737-OS, and our NPI is 1467544965. Our address is 2001 Campbell Station Pkwy, Suite A5, Spring Hill, TN, 37174. I am the pharmacist in charge here at EntrustRx. We dispense specialty meds only, such as GH, Oncology, and Hep-C. Thanks so much for bringing this up to the BOP.
Bradley

Bradley Wooldridge D.Ph.
2001 Campbell Station Pkwy, Suite A5
Spring Hill, TN, 37174
855-273-3924 phone
855-273-3925 fax
bwooldridge@entrustrx.com

EntrustRx

Specialty Pharmacy With A Personal Touch

CONFIDENTIALITY NOTICE: This electronic message is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

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AUG 19 2013
LA BOARD OF PHARMACY

OUR LADY OF THE LAKE
REGIONAL MEDICAL CENTER
Franciscan Missionaries of Our Lady Health System

September 26, 2013

To Whom It May Concern:

In reference to the OLOL Outpatient Infusion Pharmacy located at 8119 Picardy Ave, Suite B, Baton Rouge, LA 70809, Permit number 6744-HOS, DEA number FO4138310 I am requesting a waiver to the PMP for the reporting of narcotics. We are an outpatient infusion center in which no narcotic prescriptions are dispensed for use outside of the hospital. Please contact with any questions.

Leann Fontenot, PharmD
OLOL Outpatient Infusion Pharmacy
8119 Picardy Ave, Suite B
Baton Rouge, LA 70809
225-215-5991

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OCT 04 2013
LA BOARD OF PHARMACY

ILH
Interim LSU Hospital

To: Louisiana Board of Pharmacy
3388 Brentwood Dr
Baton Rouge La 70809

10/18/2013

From : University Medical Center Management Corp.
d/b/a Interim LSU Hospital
2021 Perdido St Rm P 011
New Orleans La, 70112
Permit # PHY.0067278-HOS

Attn: Joe Fontenot R.Ph.

RE: Waiver to Prescription Monitoring Program Requirements

The University Medical Center Management Corp. d/b/a Interim LSU Hospital is hereby requesting wavier to the PMP reporting requirements . This waiver was granted under the old license number (permit # 2767), and now need to be extended to the new permit. The Hospital In-patient Pharmacy does not dispense any narcotic medications outside the practice of in-patients stays.

If any more information is needed, please feel free to contact me at 504-903-3022 or the above address.

Thank You in Advance

Anthony I Laurent Jr. R.Ph. M.B.A.
Director of Pharmacy

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OCT 23 2013
LA BOARD OF PHARMACY

VetRxDirect

1150 5th St, Ste 146 | Coralville, IA 52241
P 319 887 7052 | TF P 866 761 6578
F 319 887 7053 | TF F 866 761 5130

October 16, 2013

Louisiana Board of Pharmacy
Prescription Monitoring Program
Waiver Request

This letter is to request a waiver to your current prescription monitoring program. VetRxDirect is strictly an on-line, Vet-VIPPS accredited, pet pharmacy. We do not dispense any controls, hence our request to be waived from submitting weekly/monthly reports.

Sincerely,

Tom Swegle
Director of Business Operations
VetRxDirect

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OCT 21 2013
LA BOARD OF PHARMACY

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov

November 6, 2013

Agenda Item 10-L: Report of Executive Director

1. Meeting Activity
2. Reports
3. Examinations
4. Operations
5. State Activities
6. National Activities
7. International Activities

1. Meeting Activity

In addition to Board and committee meetings, I have also participated in or attended the following meetings since the last Board meeting.

Aug. 16	ULM College of Pharmacy – Orientation to P-1 Class
Aug. 20	Xavier College of Pharmacy – Orientation to P-1 Class
Aug. 23-24	NABP Executive Committee Strategic Planning Retreat – Avon, CO
Aug. 31 – Sep. 5	FIP World Congress – Dublin, IE
Sep. 8-11	NABP-AACP Districts 6, 7, & 8 Annual Meeting – Boulder, CO
Sep. 20-21	Oklahoma Board of Pharmacy Bldg Dedication – Oklahoma City, OK
Sep. 24-25	NABP Executive Officers Forum – Mount Prospect, IL
Sep. 29 – Oct. 2	MALTAGON 2013 Conference – Asheville, NC
Oct. 5	LSHP MidYear Meeting – Shreveport, LA
Oct. 27	La. Academy of Medical Psychologists – Baton Rouge, LA

2. Reports (all in the Boardroom Library)

A. Census Reports
   1. Compliance Division – Practitioner Recovery Program & Discipline
   2. Credentials Division – CDS & Pharmacy Programs

B. Credentials Division Production Reports
   1. Licensure Activity Report [new credentials in previous quarter]
   2. Application Activity Report [pending applications count]

C. Exceptions Report
   1. PIC in Multiple Locations
   2. Resurrected Credentials / Special Work Permits

D. Annual Audit Report from Legislative Auditor

3. Examinations

A. MPJE – the results for the second trimester of 2013 are available.

B. NAPLEX – the results for the second trimester of 2013 are available.

C. PTCB – the results for the second half of 2013 are not yet available.

4. *Operations*

A. Credentials Division

We closed the renewal cycles for DME permits on August 31. Of the 388 permit holders noticed to renew, 329 (85%) renewed their credentials timely. Of that number, 79% did so online.

We opened the renewal cycles for pharmacists and pharmacies on November 1, and those cycles will close on December 31.

- We noticed 7,829 pharmacists with renewal reminders mailed the week of October 28.
- We noticed 1,822 pharmacies with renewal reminders mailed the week of October 28.

With respect to the renewal applications for pharmacy permits, we continued the compounding survey but changed some of the questions to include information about compounding for prescriber use. The application forms for non-resident pharmacies requests copies of their most recent inspection reports, and further, we specified those reports must be dated within the three year period prior to the date of the renewal application.

With respect to the renewal applications for pharmacists, we continue to collect the information requested by the La. Workforce Commission.

B. Compliance Division

Our 5 pharmacist compliance officers are responsible for inspecting all the pharmacies and other facilities holding controlled substances (CDS). The census reports available for this meeting reflects just over 1,400 pharmacies within the state, as well as approximately 800 various types of facilities for CDS visits, including hospitals, distributors, ambulatory surgical centers, etc.

In addition to their routine site visits, the compliance officers are also responsible for investigating complaints filed with the Board. We began the fiscal year with 178 cases pending from the prior fiscal year. To date we have entered 197 new cases and closed 125, leaving 250 cases pending at this time. Of the 125 cases closed to date this fiscal year, 76 (61%) were disposed of through staff activities and the balance through committee and Board action.

C. Administrative Division

Prescription Monitoring Program (PMP) Vendor Contract

As we reported during the August meeting, Mr. Fontenot and I have been working with the Div. of Administration's Procurement Support Team for the Invitation to Bid on the second vendor contract for the Prescription Monitoring Program. The bids were received and we reviewed the specifications of both proposals that were submitted. We also checked client references for both vendors. We submitted a recommendation to the Procurement Support Team and we are awaiting their decision. When we learn the decision we will advise you accordingly.

5. *State Activities*

A. 2013 Louisiana Legislature

Act 399 of the 2013 Legislature established the Office of Debt Recovery within the La. Depart. of Revenue. Among other functions, this office is charged to aggressively pursue debt collections for all state agencies. The office is authorized to obtain financial records of debtors from their financial institutions. Further, the office is authorized to seek action on any professional licenses held by debtors. In particular, the office is authorized to seek the denial of any applications submitted by debtors, or if already issued, to seek the suspension or revocation of licenses held by debtors. Of note, debtors may be natural or legal persons.

B. Board of Nursing

As we reported to you earlier, the Board of Nursing published a Notice of Intent to amend its rules relative to the prescriptive authority of nurse practitioners, more

specifically, the required data elements on prescriptions written by APRNs. We will continue to monitor those activities to determine any impact on the Board's rules on the same topic.

Pursuant to the board's direction with respect to the petition from the home infusion provider at the pharmacy board's last meeting, we met with the nursing board leadership to review the request and supporting documentation. We planned the research necessary to obtain information relevant to the request. We will meet again to review the results of the research and formulate a proposed guidance document for consideration by both boards.

C. Board of Medical Examiners

The Board of Medical Examiners is in the process of amending its rules relative to collaborative drug therapy management (CDTM) with pharmacists. They published their Notice of Intent in the September 2013 edition of the *Louisiana Register*. We will monitor their progress and keep you posted.

6. National Activities

A. National Association of Boards of Pharmacy (NABP)

For your planning purposes, the 2014 meeting will be held in Phoenix, AZ and the 2015 meeting will be held in New Orleans, LA. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

B. NABP-AACP District 6 Annual Meeting

The 2013 conference was held jointly with Districts 7 and 8 on September 8-11 in Boulder, CO. Several board members and one staff person attended that meeting. The meeting provided an opportunity for pharmacy regulators and educators to meet and discuss topics of mutual interest and concern, including the impact on pharmacy practice of the federal Affordable Care Act, prescription drug abuse and misuse, interprofessional precepting utilizing team based learning, state legalization of medical marijuana, proper disposal of controlled substances, as well as current status of pharmacy compounding laws and rules.

During the 2013 conference, the members of District 6 voted to continue meeting with Districts 7 and 8. District 8 will host the 2014 conference, which will include Districts 6 and 7, in late September 2014 in Whitefish, MT. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

C. MALTAGON

The 2013 conference was hosted by the North Carolina Board of Pharmacy in Asheville on September 29 – October 2. Several board members and two staff persons attended that meeting. The program included opportunities for pharmacy regulators from 13 southeastern states to discuss pharmacy compounding, "grey market" wholesaling, telepharmacy and remote pharmacy services, prescription drug take-back programs, as well as the impact on occupational licensing boards of the federal case FTC v North Carolina Board of Dental Examiners.

The 2014 conference will be hosted by the Florida Board of Pharmacy, most likely in St. Petersburg, in either September or October 2014. This conference is one of the three meetings for which your travel expenses are eligible for reimbursement, subject to the limitations itemized in the Board's travel policy as well as the state's travel policy in PPM-49.

7. International Activities

A. International Pharmaceutical Federation (FIP)

Dublin, Ireland hosted the 2013 FIP World Congress on August 31 to September

5. During that congress, the Social & Administrative Pharmacy Section sponsored a plenary session entitled *Pharmacy Practice in the Face of Globalism, Ethics and Regulation*. Speakers from the UK, Australia, and the USA delivered three presentations concerning benefits and challenges of reciprocity and mutual recognition agreements, regulation of virtual pharmacy practice, and current issues in the regulation of Internet pharmacies.

During the congress, the FIP Council (their governing body) admitted NABP and USP as observer organizations. Observer status is accorded to organizations that are not national practitioner membership organizations. Although that status does not grant voting privileges in the FIP Council, it does grant access and participation privileges in their deliberations.

The FIP Council has requested NABP to deliver a report on its .PHARMACY gTLD project at the next congress. Bangkok, Thailand will host the FIP 2014 World Congress on August 30 – September 4.

B. World Health Professions Alliance (WHPA)

WHPA was formed in 1999 and includes the International Council of Nurses, International Pharmaceutical Federation, World Confederation for Physical Therapy, World Dental Federation, and World Medical Association. The alliance facilitates collaboration among the health professions and major stakeholders, including national governments and the World Health Organization.

In 2008, the WHPA instituted the World Health Professions Regulation Conference. The conference participants discuss different models of health professional regulation, regulatory body governance and performance, as well as trade in services and implications for regulation. The second conference in the series was held in 2010, and the third conference in the series will be held on May 17-18, 2014 in Geneva, Switzerland. The objectives for the 2014 conference are to evaluate the challenges facing health professional regulation, review the evolution of competence based approaches to regulatory functions, and identify and promote best practices in regulatory governance and performance.

Respectfully submitted,
Malcolm J. Broussard
Executive Director

Louisiana Board of Pharmacy

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Compliance Division Census Report

November 6, 2013

Practitioner Recovery Program

- Probation Completion Report

10-23-2013	PST.016188 – Charles Lafayette Mullin, Jr.

• Active Probation	50	Pharmacist
	3	Pharmacy intern
	5	Technician
	1	Technician candidate
• Active Suspension	39	Pharmacist
	2	Pharmacy intern
	11	Technician
	4	Technician candidate

Disciplinary Restrictions

- Probation Completion Report

08-31-2013	PST.014306 – Laura Graham LeBlanc
10-01-2013	PST.015623 – Timothy Alan Hardin

• Active Probation	31	Pharmacist
	6	Technician
	3	Technician candidate
	12	Pharmacy permit (+ 2 on restriction, w/o probation)
	7	CDS-PHY license
	1	CDS-DIS license
• Active Suspension	41	Pharmacist
	1	Pharmacy intern
	56	Technician
	15	Technician candidate
	13	Pharmacy permit
	1	CDS-PHY license
	22	CDS license for practitioners

Louisiana Board of Pharmacy
Credentials Division
Pharmacy Program

		06/30/05	06/30/06	06/30/07	06/30/08	06/30/09	06/30/10	06/30/11	06/30/12	06/30/13	10/14/13
PST.VI	LA	0	0	0	0	0	0	12	10	9	9
	NR	0	0	0	0	0	0	9	10	15	15
	Total	*0*	*0*	*0*	*0*	*0*	*0*	*21*	*20*	*24*	*24*
PST-GVI	LA	0	0	0	0	0	0	0	6	13	18
	NR	0	0	0	0	0	0	0	0	3	4
	Total	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*6*	*16*	*22*
PST-M	LA	0	0	0	0	0	0	3	5	3	3
	NR	0	0	0	0	0	0	11	11	11	11
	Total							*14*	*16*	*14*	*14*
PST-G	LA	0	0	0	0	0	0	158	157	164	159
	NR	0	0	0	0	0	0	30	35	32	31
	Total	*0*	*0*	*0*	*0*	*0*	*0*	*188*	*192*	*196*	*190*
PST	LA	4,532	4,460	4,522	4,612	4,750	4,860	4,654	4,933	4,981	5,167
	NR	1,686	1,915	1,975	1,964	2,029	2,098	2,079	2,212	2,527	2,394
	Total	*6,218*	*6,375*	*6,497*	*6,576*	*6,779*	*6,958*	*6,733*	*7,145*	*7,508*	*7,561*
	PST	***6,218***	***6,375***	***6,497***	***6,576***	***6,779***	***6,958***	***6,935***	***7,353***	***7,758***	***7,811***
PNT	LA	1,154	980	1,079	1,074	1,035	965	907	938	942	914
	NR	0	109	117	67	84	153	137	128	128	121
	Total	*1,154*	*1,089*	*1,196*	*1,141*	*1,119*	*1,118*	*1,044*	*1,066*	*1,070*	*1,035*
PNT-FPG	Total	0	0	0	0	0	0	5	0	3	6
	PNT	***1,154***	***1,089***	***1,196***	***1,141***	***1,119***	***1,118***	***1,049***	***1,066***	***1,073***	***1,041***
CPT	LA	4,455	4,552	4,587	4,780	4,733	5,363	5,720	5,509	5,751	6,130
	NR	0	163	152	144	109	144	145	120	112	123
	Total	*4,455*	*4,715*	*4,739*	*4,924*	*4,842*	*5,507*	*5,865*	*5,629*	*5,863*	*6,253*
CPT-M	Total	0	0	0	0	0	0	1	0	1	1
	CPT	***4,455***	***4,715***	***4,739***	***4,924***	***4,842***	***5,507***	***5,866***	***5,629***	***5,864***	***6,254***
PTC	LA	1,074	1,081	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,600
	NR	0	32	32	23	32	35	35	39	37	33
	PTC	***1,074***	***1,113***	***1,421***	***1,469***	***1,542***	***1,714***	***1,609***	***1,704***	***1,695***	***1,633***
PHY	CH	12	12	12	11	12	14	12	12	12	12
	HOS	181	167	164	167	167	165	151	154	158	162
	HOX	0	0	0	0	0	0	19	18	14	12
	IN	36	35	36	37	37	27	14	10	12	12
	INX	0	0	0	0	0	0	11	14	13	13
	IR	729	681	620	588	592	587	570	568	558	572
	IRX	0	0	0	0	0	0	21	19	17	14
	NU	13	17	16	16	16	16	15	15	15	15
	PEN	0	0	0	0	0	0	0	0	0	0
	PEX	0	0	0	0	0	0	0	0	1	1
	RC	473	430	491	534	545	562	576	587	597	605
	OS	200	226	240	250	256	286	318	361	387	401
	OSN	0	0	0	0	0	0	0	0	0	10
	PHY	***1,644***	***1,568***	***1,579***	***1,603***	***1,625***	***1,657***	***1,707***	***1,758***	***1,784***	***1,829***
AMS	AMS	174	173	212	255	306	361	55	64	349	80
	AMS-X	0	0	0	0	0	0	301	302	289	348
	AMS	***174***	***173***	***212***	***255***	***306***	***361***	***356***	***366***	***638***	***428***
EDK	EDK	471	428	412	439	388	503	417	435	421	460
	EDK-X	0	0	0	0	0	0	13	13	10	10
	EDK	***471***	***428***	***412***	***439***	***388***	***503***	***430***	***448***	***431***	***470***
DME	LA								223	160	208
	NR									218	183
	DME									***378***	***391***
CDTM										41	40
MAR										1,617	1,713
SWP								58	78	126	43
TOTAL										**21,405**	**21,653**

Louisiana Board of Pharmacy
Credentials Division
CDS Program

	Classification	06/30/07	06/30/08	06/30/09	06/30/10	06/30/11	06/30/12	06/30/13	10/14/13
ACS	Animal Control Shelter	0	0	0	1	1	1	1	1
AMS	Automated Medication Sys	0	0	0	0	0	0	0	8
AMX	Automated Medication Sys - Exempt	0	0	0	0	0	0	0	1
APN	APRN	346	479	607	758	889	1,015	1,103	1,262
ASC	Ambulatory Surgical Ctr	94	101	106	113	90	88	85	88
CRX	Correctional Ctr - Exempt	0	0	0	0	7	6	5	5
DDS	Dentist	2,090	2,177	2,267	2,363	2,027	2,048	1,902	2,088
DET	Drug Detection / Canine	20	20	20	22	14	12	10	11
DIS	Distributor	285	322	363	400	279	288	273	299
DPM	Podiatrist	147	153	161	165	139	136	118	126
DVM	Veterinarian	870	936	1,000	1,065	922	901	852	976
DYS	Dialysis Ctr	63	63	63	63	6	4	3	4
EMC	Emergency Medical Ctr	17	17	17	18	14	16	17	18
EMS	Emergency Medical Service	57	58	63	66	54	50	45	49
ETC	Animal Euthanasia Tech - Cert	31	39	44	49	16	7	6	6
ETL	Animal Euthanasia Tech - Lead	0	0	0	0	12	20	21	22
HOS	Hospital	369	387	405	438	280	267	263	277
HOX	Hospital - Exempt	0	0	0	0	12	14	5	6
LAB	Laboratory	13	14	14	15	8	6	7	8
LAX	Laboratory - Exempt	0	0	0	0	4	5	5	5
MD	Physician	13,195	13,876	14,599	15,269	12,362	11,727	10,698	11,676
MDT	Physician on Telemedicine	0	0	0	0	0	0	0	1
MED	Medical Clinic	73	78	88	102	77	81	68	70
MEX	Medical Clinic - Exempt	0	0	0	0	3	5	14	14
MFR	Manufacturer	36	43	52	58	48	50	45	50
MIS	Miscellaneous	74	73	58	59	11	10	9	9
MIX	Miscellaneous - Exempt	0	0	0	0	9	4	3	3
MP	Medical Psychologist	37	44	50	58	65	67	69	76
OD	Optometrist	230	253	269	278	275	287	279	307
PA	Physician Assistant	170	194	232	272	294	326	344	411
PHX	Pharmacy - Exempt	0	0	0	0	50	47	41	36
PHY	Pharmacy	0	0	0	0	1,307	1,318	1,329	1,345
REP	Sales Representative	57	65	66	88	29	20	7	7
RES	Researcher	100	110	119	156	109	110	98	110
RHC	Rural Health Clinic	19	20	21	23	17	12	11	12
SAC	Substance Abuse Clinic	14	14	14	17	7	9	9	10
SAX	Subst. Abuse Clinc - Exempt	0	0	0	0	0	0	0	0
	Total	18,407	19,536	20,698	21,916	19,437	18,957	17,745	19,397

Total Credentials Under Management

Pharmacy	16,056	16,407	16,601	17,818	18,260	18,625	21,405	21,653
CDS	18,407	19,536	20,698	21,916	19,437	18,957	17,745	19,397
Total	***34,463***	***35,943***	***37,299***	***39,734***	***37,697***	***37,582***	***39,150***	***41,050***

Louisiana Board of Pharmacy
Census Report

Type of Credential	3/17/1995	6/30/1996	3/19/1997	6/30/1998	6/30/1999	6/30/2000	6/30/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2005
Pharmacists											
In-state	3,642	3,660	4,143	4,247	4,269	4,830	3,887	4,386	4,435	4,486	4,532
Out-of-state	377	446	1,339	1,435	1,421	944	1,901	1,453	1,455	1,484	1,686
TOTAL	*4,019*	*4,106*	*5,482*	*5,682*	*5,690*	*5,774*	*5,788*	*5,839*	*5,890*	*5,970*	*6,218*
Pharmacy Interns											
In-state											
Out-of-state											
TOTAL							*957*	*976*	*929*	*995*	*1,154*
Pharmacy Technicians											
In-state											
Out-of-state											
TOTAL							*3,216*	*3,453*	*3,505*	*4,114*	*4,455*
Pharmacy Technician Candidates											
In-state											
Out-of-state											
TOTAL							*2,896*	*2,372*	*1,336*	*1,069*	*1,074*
Pharmacy Permits											
IR	651	634	636	609	621	585	584	576	573	633	729
RC	464	473	471	493	505	520	528	535	541	555	473
H	177	174	171	175	172	171	171	174	179	181	181
IN	46	45	38	39	19		17	18	19	27	36
NU	9	10	10	9	10		12	14	13	13	13
CH	4	4	4	7	4		8	9	11	12	12
PEN											
OS	122	152	168	175	216	223	262	313	353	339	200
PE	78	104	102	120	102			95	94	0	
CO	13	12	12	12	12		12	13	13	0	
TOTAL	*1,564*	*1,608*	*1,612*	*1,639*	*1,668*	*1,663*	*1,717*	*1,771*	*1,818*	*1,760*	*1,644*
Equipment Permits											
AMS							0	109	136	158	174
EDK							468	461	474	444	471

Louisiana Board of Pharmacy
Census Report

Type of Credential		6/30/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	10/14/2013
Pharmacists										
In-state		4,460	4,522	4,612	4,750	4,860	5,000	5,095	5,170	5,356
Out-of-state		1,915	1,975	1,964	2,029	2,098	2,179	2,258	2,588	2,455
TOTAL		*6,375*	*6,497*	*6,576*	*6,779*	*6,958*	*7,179*	*7,353*	*7,758*	*7,811*
Pharmacy Interns										
In-state		980	1,079	1,074	1,035	965	917	938	945	918
Out-of-state		109	117	67	84	153	137	128	128	123
TOTAL		*1,089*	*1,196*	*1,141*	*1,119*	*1,118*	*1,054*	*1,066*	*1,073*	*1,041*
Pharmacy Technicians										
In-state		4,552	4,587	4,780	4,733	5,363	5,722	5,509	5,752	6,131
Out-of-state		163	152	144	109	144	145	120	112	123
TOTAL		*4,715*	*4,739*	*4,924*	*4,842*	*5,507*	*5,867*	*5,629*	*5,864*	*6,254*
Pharmacy Technician Candidates										
In-state		1,081	1,389	1,446	1,510	1,679	1,574	1,665	1,658	1,600
Out-of-state		32	32	23	32	35	35	39	31	33
TOTAL		*1,113*	*1,421*	*1,469*	*1,542*	*1,714*	*1,609*	*1,704*	*1,695*	*1,633*
Pharmacy Permits										
IR		681	620	588	592	587	591	587	575	586
RC		430	491	534	545	562	576	587	597	605
H		167	164	167	167	165	170	172	172	174
IN		35	36	37	37	27	25	24	25	25
NU		17	16	16	16	16	15	15	15	15
CH		12	12	11	12	14	12	12	12	12
PEN									1	1
NR		226	240	250	256	286	318	361	387	411
TOTAL		*1,568*	*1,579*	*1,603*	*1,625*	*1,657*	*1,707*	*1,758*	*1,784*	*1,829*
Equipment Permits										
AMS		173	212	255	306	361	356	366	638	428
EDK		428	412	439	388	503	430	448	431	470
DME								223	378	391
Special Activity	CDTM								41	40
	MAR								1,617	1,713
Special Work Permit							58	78	126	43

Louisiana Board of Pharmacy
CDS Program - Census Report

	Classification	8/1/2006	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	10/14/2013
ACS	Animal Control Shelter	0	0	0	0	1	1	1	1	1
AMS	Automated Medication System	0	0	0	0	0	0	0	0	9
APN	Advanced Practice Registered Nurse	220	346	479	607	758	889	1,015	1,103	1,262
ASC	Ambulatory Surgical Center	94	94	101	106	113	90	88	85	88
CRX	Correctional Center	0	0	0	0	0	7	6	5	5
DDS	Dentist	2,009	2,090	2,177	2,267	2,363	2,027	2,048	1,902	2,088
DET	Drug Detection Canine	19	20	20	20	22	14	12	10	11
DIS	Distributor	236	285	322	363	400	279	288	273	299
DPM	Podiatrist	146	147	153	161	165	139	136	118	126
DVM	Veterinarian	817	870	936	1,000	1,065	922	901	852	976
DYS	Dialysis Center	58	63	63	63	63	6	4	3	4
EMC	Emergency Medical Center	17	17	17	17	18	14	16	17	18
EMS	Emergency Medical Service	56	57	58	63	66	54	50	45	49
ETC	Animal Euthanasia Tech - Cert	29	31	39	44	49	28	27	27	28
HOS	Hospital	350	369	387	405	438	292	281	268	283
LAB	Analytical Laboratory	13	13	14	14	15	12	11	12	13
MD	Physician	12,754	13,195	13,876	14,599	15,269	12,362	11,727	10,698	11,676
MDT	Physician on Telemedicine	0	0	0	0	0	0	0	0	1
MED	Medical Clinic	65	73	78	88	102	80	86	82	84
MFR	Manufacturer	31	36	43	52	58	48	50	45	50
MIS	Other	80	74	73	58	59	20	14	12	12
MP	Medical Psychologist	30	37	44	50	58	65	67	69	76
OD	Optometrist	196	230	253	269	278	275	287	279	307
PA	Physician's Assistant	153	170	194	232	272	294	326	344	411
PHY	Pharmacy	0	0	0	0	0	1357	1,365	1,370	1,381
REP	Sales Representative	54	57	65	66	88	29	20	7	7
RES	Researcher	91	100	110	119	156	109	110	98	110
RHC	Rural Health Clinic	15	19	20	21	23	17	12	11	12
SAC	Substance Abuse Clinic	14	14	14	14	17	7	9	9	10
	TOTAL	*17,547*	*18,407*	*19,502*	*20,663*	*21,916*	*19,437*	*18,957*	17,745	19,397

Total Credentials Under Board Management

Pharmacy Program	15,461	16,056	16,407	16,601	17,818	18,260	18,625	21,405	21,653
CDS Program	17,547	18,407	19,536	20,698	21,916	19,437	18,957	17,745	19,397
TOTAL	***33,008***	***34,463***	***35,943***	***37,299***	***39,734***	**37,697**	**37,582**	**39,150**	**41,050**

New Credentials Issued

FYE 2014 ~ 1st Quarter

July 1, 2013 - September 30, 2013

Prefix	Subcategory	CredentialType	Total
AMS		Automated Medication System	9
AMS	X	Automated Medication System - Exempt	15
		Prefix Totals	24
CDS	AMS	CDS License - Automated Medication System	2
CDS	AMX	CDS License - Automated Medication System - Exempt	1
CDS	APN	CDS License - APRN	56
CDS	ASC	CDS License - Ambulatory Surgical Center	3
CDS	DDS	CDS License - Dentist	36
CDS	DIS	CDS License - Distributor	8
CDS	DPM	CDS License - Podiatrist	1
CDS	DVM	CDS License - Veterinarian	27
CDS	EMC	CDS License - Emergency Medical Center	1
CDS	HOS	CDS License - Hospital	17
CDS	HOX	CDS License - Hospital - Exempt	1
CDS	LAB	CDS License - Laboratory	1
CDS	MD	CDS License - Physician	226
CDS	MDT	CDS License - Physician on Telemedicine	1
CDS	MED	CDS License - Medical Clinic	2
CDS	MP	CDS License - Medical Psychologist	3
CDS	OD	CDS License - Optometrist	9
CDS	PA	CDS License - Physician Assistant	23
CDS	PHY	CDS License - Pharmacy	18
CDS	RES	CDS License - Researcher	4
CDS	SAC	CDS License - Substance Abuse Clinic	1
		Prefix Totals	441
CPT		Certified Pharmacy Technician	281
		Prefix Totals	281
DME		Durable Medical Equipment (DME) Provider	56
		Prefix Totals	56
EDK		Emergency Drug Kit	19
		Prefix Totals	19
MA		Medication Administration	127
		Prefix Totals	127
PHY	HOS	Pharmacy - Hospital Inpatient	8
PHY	IR	Pharmacy - Community ~ Independent	12
PHY	OS	Pharmacy - Nonresident	21
PHY	RC	Pharmacy - Community ~ Chain	4
		Prefix Totals	45
PIC		Pharmacist-in-Charge	15
		Prefix Totals	15
PNT		Pharmacy Intern	80
PNT	FPG	Pharmacy Intern - Foreign Pharmacy Graduate	3
		Prefix Totals	83
PST		Pharmacist	183
PTC		Pharmacy Technician Candidate	330
SWP		Special Work Permit	10
		Grand Totals	1614

Pending Applications

PHARMACY CREDENTIALS

Prefix	Subcat.	CredentialType	*04/17/12*	*08/18/12*	*12/07/12*	*02/26/13*	*05/02/13*	*08/02/13*	*10/14/13*
AMS		Automated Medication System	1	1	1	1	2	4	5
CPT		Certified Pharmacy Technician	72	78	95	83	62	69	49
DME		Durable Medical Equipment	N/A	1	2			4	11
EDK		Emergency Drug Kit			2	2	2	1	1
PHY	CH	Pharmacy - Charitable							
PHY	HOS	Pharmacy - Hospital Inpatient	3	3	3	4	6	8	11
PHY	IN	Pharmacy - Institutional	2	2					1
PHY	IR	Pharmacy - Community ~ Independent	12	17	28	19	15	13	18
PHY	NU	Pharmacy - Nuclear							
PHY	OS	Pharmacy - Nonresident	37	30	41	47	45	39	41
PHY	PEN	Pharmacy - Penal				1	1	1	1
PHY	RC	Pharmacy - Community ~ Chain	47	4	5	3	4	5	8
PIC		Pharmacist-in-Charge		1		1		2	1
PNT	FPG	Pharmacy Intern - Foreign Graduate						2	1
PNT		Pharmacy Intern	34	86	91	44	34	66	100
PST		Pharmacist	218	260	218	247	284	335	267
PTC		Pharmacy Technician Candidate	387	377	432	342	375	334	387
		Subtotal	***813***	***860***	***918***	***794***	***830***	***883***	***902***

CDS CREDENTIALS

Prefix	Subcat.	CredentialType	*04/17/12*	*08/18/12*	*12/07/12*	*02/26/13*	*02/26/13*	*08/02/13*	*10/14/13*
CDS	ACS	CDS - Animal Control Shelter							
CDS	AMS	CDS - Automated Medication System							2
CDS	APN	CDS - APRN	12	12	14	12	20	17	22
CDS	ASC	CDS - Ambulatory Surgical Center	1	1	3	1	2	3	2
CDS	CRX	CDS - Correctional Center		1					
CDS	DDS	CDS - Dentist		6			1	2	1
CDS	DET	CDS - Drug Detection / Canine	2	2	2	2	2		
CDS	DIS	CDS - Distributor	8	5	4	6	3	3	3
CDS	DPM	CDS - Podiatrist		1					
CDS	DVM	CDS - Veterinarian			1			1	
CDS	DYS	CDS - Dialysis Center							
CDS	EMC	CDS - Emergency Medical Center				1	1		
CDS	EMS	CDS - Emergency Medical Service	1			1	1	2	3
CDS	ETC	CDS - Animal Euthanasia Tech, Certified		2	1	2	2	1	
CDS	ETL	CDS - Animal Euthanasia Tech, Lead							1
CDS	HOS	CDS - Hospital	7	3	2	4	4	11	11
CDS	HOX	CDS - Hospital - Exempt							
CDS	LAB	CDS - Laboratory							
CDS	MD	CDS - Physician	28	35	13	12	13	15	14
CDS	MED	CDS - Medical Clinic	1	2	4	4	2	2	4
CDS	MEX	CDS - Medical Clinic - Exempt					1	1	1
CDS	MFR	CDS - Manufacturer							
CDS	MIS	CDS - Miscellaneous / Other	1	1	1	1	2		
CDS	MP	CDS - Medical Psychologist							
CDS	OD	CDS - Optometrist	2	1	1	1	1		1
CDS	PA	CDS - Physician Assistant	7	4	3	3	3	7	7
CDS	PHY	CDS - Pharmacy	75	24	32	21	18	15	23
CDS	PHX	CDS - Pharmacy - Exempt	1						
CDS	REP	CDS - Sales Representative							
CDS	RES	CDS - Researcher		3	4	3	2		
CDS	RHC	CDS - Rural Health Clinic							
CDS	SAC	CDS - Substance Abuse Clinic	1	2	2	2	2		
		Subtotal	***147***	***105***	***87***	***76***	***80***	***80***	***95***

OTHER CREDENTIALS

Prefix	Subcat.	CredentialType	*04/17/12*	*08/18/12*	*12/07/12*	*02/26/13*	*02/26/13*	*08/02/13*	*10/14/13*
CDTM		Collaborative Drug Therapy Management	4	2	5				
LB		Law Book	2	2	1				
MA		Medication Administration	23	24	20	23	25	15	7
PMP		PMP - CDS Credential	301	236	240	272	289	182	226
PMP		PMP - MIS Credential	1						44
PMP		PMP - PST Credential	69	65	50	66	53	42	
SWP		Special Work Permit			50	58	58	35	34
		Subtotal	***400***	***329***	***366***	***419***	***425***	***274***	***311***

TOTAL	**1360**	**1294**	**1371**	**1289**	**1335**	**1237**	**1308**

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
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November 6, 2013

Agenda Item 11-L: Report of Executive Director

Section 2.C – Exceptions Report

1. PIC at Multiple Pharmacies

Board Policy I.A.4 permits the Executive Director to approve requests from pharmacists wishing to serve as the Pharmacist-in-Charge (PIC) of more than one pharmacy at the same time. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On September 13, 2013, Mr. Aron and Mr. Fontenot concurred to grant a request from John F. Richard (PST.014846) for dual PIC privileges at Walgreen Pharmacy #02004 (PHY.005325-RC) and AxelaCare Health Solutions (PHY.006355-IR) both in Lafayette, LA.

2. Special Work Permits

Board Policy I.A.7 permits the Executive Director to issue Special Work Permits to document the resurrection of expired non-renewable credentials. The policy requires the concurrence of the President, as well as notice to the Board at its next meeting. As authorized by the President, the Executive Director has delegated this authority to the General Counsel and the Assistant Executive Director.

- On August 8, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Ava Smith Bryan. She had previously obtained PTC.018195 on November 9, 2011 which expired on May 9, 2013. Should she pass the PTCB by January 31, 2014 she is authorized to receive a Special Work Permit.
- On August 8, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Ayanna Tanyce Turl. She had previously obtained PTC.018234 on November 30, 2011 which expired on May 30, 2013. Should she pass the PTCB by January 31, 2014 she is authorized to receive a Special Work Permit.
- On August 8, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Quentin Alan Johnson. He had previously obtained PTC.016905 on October 20, 2010 which expired on April 20, 2012. Should he pass the PTCB by January 31, 2014 he is authorized to receive a Special Work Permit.
- On August 10, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Ida Evelyn Matthews. She had previously obtained PTC.013527 on December 10, 2007 which expired on June 9, 2009. Should she pass the PTCB by January 31, 2014 she is authorized to receive a Special Work Permit.
- On August 15, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Alexisa Shanea Ransom. She had previously obtained PTC.017978 on September 22, 2011 which expired on March 22, 2013. She is PTCB-certified. She was issued Special Work Permit 317 which will expire on August 15, 2014.
- On August 19, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Thanh Van Tran. She had previously obtained PTC.015885 on January 5, 2010 which expired on July 4, 2011. Should she pass the PTCB by February 28, 2014 she is authorized to receive a Special Work Permit.
- On August 20, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Nathan

Troy Keller, Jr.. He had previously obtained PTC.016562 on July 19, 2010 which expired on January 19, 2012. He is PTCB-certified. He was issued Special Work Permit 320 which will expire on August 20, 2014.

- On August 21, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Aisha Monet Celestine. She had previously obtained PTC.017229 on January 25, 2011 which expired on July 25, 2012. Should she pass the PTCB by February 28, 2014 she is authorized to receive a Special Work Permit.
- On September 16, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Shanuteriea Shalea Shantell Martin. She had previously obtained PTC. PTC.015951 on January 26, 2010 which expired on July 26, 2011. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On September 20, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Casey Lynn Watts. She had previously obtained PTC.016414 on May 19, 2010 which expired on November 18, 2011. She is PTCB-certified. She was issued Special Work Permit 323 which will expire on September 20, 2014.
- On September 21, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Keantay Sharell Swaingan. She had previously obtained PTC.017205 on January 25, 2011 which expired on July 25, 2012. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On September 24, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Ashley Monique McKay. She had previously obtained PTC.015760 on November 13, 2009 which expired on May 12, 2012. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On September 25, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Jenifer Renee Finn. She had previously obtained PTC. PTC.016874 on October 11, 2010 which expired on April 11, 2012. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On October 1, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Anthony Michael Harrell. He had previously obtained PTC. PTC.011502 on December 22, 2005 which expired on June 21, 2007. Should he pass the PTCB by March 31, 2014 he is authorized to receive a Special Work Permit.
- On October 1, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Angel Chasity Larry. She had previously obtained PTC. PTC.014889 on March 3, 2009 which expired on September 12, 2010. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On October 3, 2013, Mr. Aron and Mr. Finalet concurred to grant a request of Gia Kanee Elie. She had previously obtained PTC. PTC.015200 on June 16, 2009 which expired on December 15, 2010. Should she pass the PTCB by March 31, 2014 she is authorized to receive a Special Work Permit.
- On October 3, 2013, Mr. Aron and Mr. Broussard concurred to grant a request from Shanell Walters. She had previously obtained PTC.018410 on January 23, 2012 but it was suspended on November 12, 2012 due to departure from the training program. In the event she passes the PTCB test by July 1, 2014, she is authorized to obtain a SWP to earn 600 hours of experience within a one year period of time.
- On October 3, 2013, Mr. Aron and Mr. Broussard concurred to grant a request from Yorel K. Demouchet. She had previously obtained PTC.013893 on April 28, 2008 and it expired October 27, 2009. She reported inability to secure a position in time to earn the hours. Should she pass the PTCB test by July 1, 2014, she is authorized to obtain a SWP to earn 600 hours of experience within a one year period of time.

LOUISIANA BOARD OF PHARMACY
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
FINANCIAL REPORT
FOR THE YEAR ENDED
JUNE 30, 2013

LOUISIANA BOARD OF PHARMACY
STATE OF LOUISIANA
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JUNE 30, 2013

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Board of Directors
Louisiana Board of Pharmacy
Baton Rouge, Louisiana

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of the Louisiana Board of Pharmacy, a component unit of the State of Louisiana, as of and for the year ended June 30, 2013 and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implantation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that our audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinions.

As discussed in Note A, the financial statements of the Louisiana Board of Pharmacy, a component unit of the State of Louisiana, are intended to present the net position, the changes in net position, and cash flows of only that portion of the business-type activities. They do not purport to, and do not, present fairly the financial position of the State of Louisiana, as of June 30, 2013, and the changes in net position and cash flows, for the year ended in conformity with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities of the Louisiana Board of Pharmacy, a component unit of the State of Louisiana, as of June 30, 2013, and the respective changes in financial position and cash flows thereof for the year ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financials statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted on inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Louisiana Board of Pharmacy's financial statements as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements of Louisiana Board of Pharmacy, a component unit of the State of Louisiana.

The information had been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated July 31, 2013, on our consideration of the Louisiana Board of Pharmacy's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Louisiana Board of Pharmacy's internal control over financial reporting and compliance.

Plaquemine, Louisiana
July 31, 2013

State of Louisiana
Board of Pharmacy
Management's Discussion & Analysis
As of June 30, 2013

This Management's Discussion and Analysis of the Louisiana Board of Pharmacy's financial performance presents a narrative overview and analysis of the Board's financial activities for the year ended June 30, 2013. This document focuses on the current year's activities, resulting changes, and currently known facts in comparison with the prior year's information. Please read this document in conjunction with the additional information contained in the transmittal letter and the Board's financial statements, which begin on page 7.

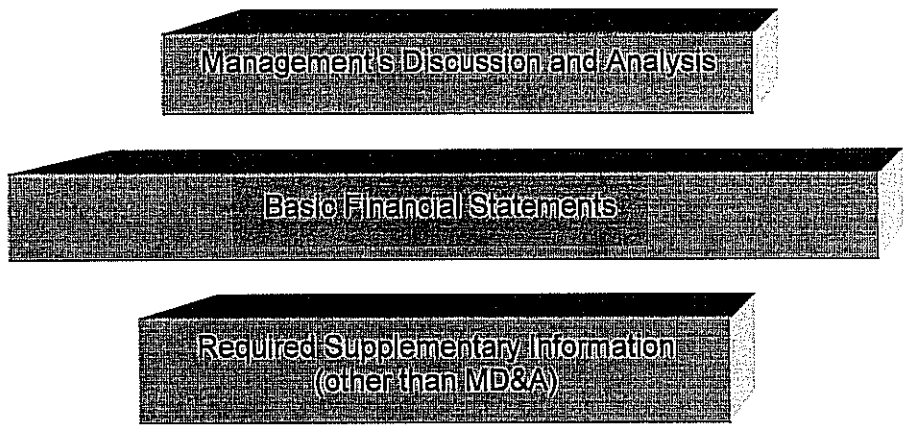
FINANCIAL HIGHLIGHTS

★ The Board's assets exceeded its liabilities at the close of fiscal year 2013 by $3,225,349, which represents a 9.8% increase from the prior fiscal year.

★ From the prior fiscal year, the Board's operating revenues increased $68,293 (2.5%), operating expenses decreased $70,026 (2.7%) and the net results from activities increased $162,065 (128%).

OVERVIEW OF THE FINANCIAL STATEMENTS

The following graphic illustrates the minimum requirements for Special Purpose Governments Engaged in Business-Type Activities established by Governmental Accounting Standards Board Statement 34, *Basic Financial Statements—and Management's Discussion and Analysis—for State and Local Governments.*



These financial statements consist of three sections - Management's Discussion and Analysis (this section), the Basic Financial Statements (including the notes to the financial statements), and Required Supplementary Information.

Basic Financial Statements

The basic financial statements present information for the Board as a whole, in a format designed to make the statements easier for the reader to understand. The statements in this section include the Statement of Net Position; the Statement of Revenues, Expenses, and Changes in Net Position; and the Statement of Cash Flows.

The Statement of Net Position (Exhibit A, page 8) presents the current and long-term portions of assets and liabilities separately. The difference between total assets and total liabilities is net position and may provide a useful indicator of whether the financial position of the Board is improving or deteriorating.

The Statement of Revenues, Expenses, and Changes in Net Position (Exhibit B, page 9) presents information showing how the Board's net position changed as a result of current year operations. Regardless of when cash is collected, all changes in net position are reported when the underlying transactions occur. As a result, there are transactions included that will not affect cash until future fiscal periods.

The Statement of Cash Flows (Exhibit C, page 10) presents information showing how the Board's cash changed as a result of current year operations. The cash flow statement is prepared using the direct method and includes the reconciliation of operating income(loss) to net cash provided(used) by operating activities (indirect method) as required by GASB 34.

FINANCIAL ANALYSIS OF THE ENTITY

Statement of Net Position
as of June 30, 2013

	Total	
	2013	2012
Current and other assets	$ 3,125,178	$ 2,890,886
Capital assets	2,265,041	2,305,069
Total assets	5,390,219	5,195,955
Current liabilities	202,849	173,255
Long-term liabilities	1,962,021	2,085,827
Total liabilities	2,164,870	2,259,082
Net position:		
Net invested in capital assets	1,232,833	1,140,664
Restricted	0	0
Unrestricted	1,992,516	1,796,209
Total net position	$ 3,225,349	$ 2,936,873

Restricted net position represents the position that is not available for spending as a result of legislative requirements, donor agreements, or grant requirements. Conversely, unrestricted net position is where there are no limitations on how these amounts may be spent.

Net position of the Board increased $288,476 (or 9.8%) from June 30, 2012 to June 30, 2013.

Statement of Revenues, Expenses, and Changes in Net Position
for the years ended June 30, 2012 and June 30, 2013

	Total	
	2013	2012
Operating revenues	$ 2,851,929	$ 2,783,696
Operating expenses	(2,492,749)	(2,562,775)
Operating income (loss)	359,180	220,861
Non-operating revenues	12,530	18,936
Non-operating expenses	(83,235)	(113,387)
Net increase (decrease) in net position	288,475	126,410
Total net position - beginning of year	2,936,874	2,810,464
Total net position - end of year	$ 3,225,349	$ 2,936,874

The Board's operating revenues increased by $68,293 or 2.5%. The total cost of all programs and services decreased from the prior fiscal year by $70,026 or 2.7%.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

At the conclusion of the fiscal year ended June 30, 2013, the Board had $2,265,041 invested in a broad range of capital assets, including property, furniture, office equipment, and information systems (see Table below). This amount represents a net decrease of $40,028 over last year.

	2013	2012
Land	$ 1,004,940	$ 1,004,940
Building	1,049,655	1,049,655
Furniture and Equipment	335,179	291,563
Software - Licensure & Website	408,560	359,062
Accumulated Depreciation	(533,293)	(400,151)
Totals	$ 2,265,041	$ 2,305,069

Debt

To purchase the office building, the Board pledged its future receivables to secure a note for $1.3 million, with a term of 5 years. The separate property acquired in 2007 and originally intended to host a new office building has been listed for sale. The proceeds from the sale of that property will be used to settle or offset the current note for the office building.

The Board has set aside funds for the Other Post Employment Benefit (OPEB) obligation first identified in 2008. There were no claims or judgments at the end of the fiscal year, and the only remaining significant liability was in the form of compensated absences.

VARIATIONS BETWEEN ORIGINAL AND FINAL BUDGETS

Revenues were approximately $13,929 (or 0.5%) over budget, and expenses were $272,931 (or 9.6%) less than budget. Approximately one half of the difference arose from the deferral of a planned upgrade of the Board's licensure information system. That task, along with the accompanying budget, was deferred to the following fiscal year. Additional expenses were avoided by focused plans to reduce telephone and postage expenses as well as deferral of some planned equipment acquisitions.

ECONOMIC FACTORS AND NEXT YEAR'S BUDGETS AND RATES

The Board's elected and appointed officials considered the following factors and indicators when setting next year's budget:

- Anticipated licensure activity (acquisition, renewal, and attrition)
- Demand for goods and services
- Enforcement actions
- Historical pattern of operational costs

The Board expects that next year's results may or may not improve based on the following:

- Continued growth in total number of credentials under management
- Additional investments in technology infrastructure

CONTACTING THE LOUISIANA BOARD OF PHARMACY'S MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, customers, and investors and creditors with a general overview of the Board's finances and to show the Board's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Malcolm Broussard, Executive Director, at mbroussard@pharmacy.la.gov or (225) 925-6496.

FINANCIAL STATEMENTS

EXHIBIT A

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
STATEMENT OF NET POSITION
JUNE 30, 2013

ASSETS	
Current Assets:	
Cash and cash equivalents	$ 1,634,136
Investments	1,466,463
Accounts receivable	4,685
Interest receivable	1,200
Prepaid expense	18,694
Total Current Assets	3,125,178
Land and equipment (net of accumulated depreciation):	
Land	1,004,940
Office equipment	118,980
Software	148,322
Building	992,799
Total Land and Equipment	2,265,041
TOTAL ASSETS	$ 5,390,219
LIABILITIES AND NET POSITION	
Current Liabilities:	
Accounts payable	4,319
Salaries payable	67,036
Payroll taxes payable	3,480
Interest payable	5,555
Note payable - current portion	71,153
Compensated absences	51,306
Total Current Liabilities	202,849
Noncurrent Liabilities:	
Note payable - long term portion	961,055
Compensated absences	75,562
OPEB payable	925,404
Total Noncurrent Liabilities	1,962,021
Total Liabilities	2,164,870
Net Position	
Net Invested in capital assets	1,232,833
Unrestricted	1,992,516
Total Net Position	3,225,349
TOTAL LIABILITIES AND NET POSITION	$ 5,390,219

The accompanying notes are an intergral part of this financial statement.

EXHIBIT B

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FOR THE YEAR ENDED JUNE 30, 2013

OPERATING REVENUES	
Licenses, permits, and fees	$ 2,851,929
Total Operating Revenues	2,851,929
EXPENSES	
Personnel services and related benefits	1,705,980
Operating services	235,897
Materials and supplies	118,545
Professional fees	194,437
Travel	100,231
Depreciation	136,782
Other	877
Total Operating Expenses	2,492,749
Operating Income (Loss)	359,180
NONOPERATING REVENUES (EXPENSES)	
Investment income	12,484
Investment expense	(15,210)
Interest expense	(68,025)
Gain on disposal of asset	46
	(70,705)
Income (Loss)	288,475
Total net position - beginning of year	2,936,874
Total net position - end of year	$ 3,225,349

The accompanying notes are an integral part of this financial statement.

EXHIBIT C

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2013

CASH FLOW FROM OPERATING ACTIVITIES		
Cash received from licenses	$	2,859,206
Cash payments to suppliers of goods and services		(646,461)
Cash payments to employees for services		(1,610,694)
Net cash provided (used) by operating activities		602,051
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Principal paid on note		(190,682)
Interest paid on note		(68,839)
Gain on disposal of asset		46
Purchase of capital assets		(96,974)
Net cash used by capital and related financing activities		(356,449)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of securities		(140,000)
Sale of Securities		1,433
Interest income		15,201
Investment expense		(15,210)
Net cash provided (used) by investing activities		(138,576)
Net increase (decrease) in cash and cash equivalents		107,026
Cash and cash equivalents, beginning of year		1,527,110
Cash and cash equivalents, end of year	$	1,634,136
RECONCILIATION OF OPERATING INCOME AND NET CASH PROVIDED BY OPERATING ACTIVITIES		
Operating income	$	359,180
Adjustments to reconcile operating income to net cash provided (used) by operating activities:		
Depreciation		136,782
Changes in assets and liabilities:		
Accounts receivable		7,277
Prepayments		1,528
Accounts payable		13,473
Payroll tax liability		510
Compensated absences		2,799
OPEB payable		80,502
Net cash used by operating activities	$	602,051

The accompanying notes are an integral part of this financial statement.

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2013

INTRODUCTION

The Louisiana Board of Pharmacy (the Board) is a component unit of the State of Louisiana created within the Louisiana Department of Health and Hospitals, as provided by Louisiana Revised Statutes (LSA-R.S) 37:1171. The board is composed of seventeen members, appointed by the governor, including two licensed pharmacist from each of the pharmacy Boards districts as provided in R.S. 37:1173.

The Board is charged with the responsibility of establishing rules and regulations that control and regulate the practice of pharmacy.

Revenues to operate the Board are self-generated by licenses and fees paid by licensees and applicants.

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Reporting Entity

Section 2100 of the GASB Codification of Governmental Accounting and Financial Reporting Standards (GASB Codification) established criteria for determining the governmental reporting entity and component units that should be included in the reporting entity. In conformance with GASB Codification Section 2100, this entity is a component unit of the State of Louisiana because the board is not legally separate and the state holds the board's corporate powers. The accompanying basic financial statements present only the transactions of the Louisiana Board of Pharmacy, a component unit of the State of Louisiana.

2. Basis of Presentation

The financial statements of the Board are prepared on the full accrual basis in accordance with accounting principles generally accepted in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

The accounts of the Louisiana Board of Pharmacy are maintained in accordance with applicable statutory provisions and the regulations of the Division of Administration – Office of Statewide Reporting and Accounting Policy as follows:

Revenue Recognition

Revenues are recognized using the full accrual basis of accounting; therefore, revenues are recognized in the accounting period in which they are earned and become measurable.

Expense Recognition

Expenses are recognized on the accrual basis; therefore, expenses, including salaries, are recognized in the period incurred, if measurable.

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

3. Basis of Accounting

The accompanying financial statements have been prepared in conformity with generally accepted accounting principles (GAAP) generally accepted in the United States of America using the accrual basis of accounting. Revenues are recognized in the accounting period in which they are earned and expenses are recognized in the period incurred.

4. Method of Accounting

In June 1999, the Board adopted the provisions of Statement No. 34 ("Statement 34") of the Governmental Accounting Standards Board "*Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments.*" Statement 34 established standards for external financial reporting for all state and local government entities which includes a statement of net assets (or balance sheet), a statement of activities and changes in net assets, and a statement of cash flows. The definition and composition of these statements, as originally defined in GASB Statement No. 34, are as amended by the GASB statement included in the following paragraph.

GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*, was adopted for the fiscal year ended June 30, 2013. GASB Statement No. 63 provides financial reporting guidance for deferred outflows of resources and deferred inflows of resources. Concepts Statement No. 4, *Elements of Financial Statements*, introduced and defined those elements as a consumption of net assets by the government that is applicable to a future reporting period and an acquisition of net assets by the government that is applicable to a future reporting period, respectively. Previous financial reporting standards do not include guidance for reporting those financial elements, which are distinct from assets and liabilities. Concepts Statement No. 4 also identifies net position as the residual of all other elements presented in a statement of financial position.

This Statement amends the net asset reporting requirements in GASB Statement No. 34, *Basic Statements - and Management's Discussion and Analysis – for Local and State Governments*, and other pronouncements by incorporating deferred outflows of resources and deferred inflows of resources into the definitions of the required components of the residual measure and by renaming that measure as net position, rather than net assets.

The financial statements of the Board are prepared on the accrual basis of accounting, whereby revenues are recognized when earned and expenses are recognized when incurred.

5. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

6. Cash and Cash Equivalents and Investments

Cash includes amounts in demand deposits and interest bearing demand deposits, and time deposits, and time deposits. Cash equivalents include amounts in time deposits with original maturities of 90 days or less. Under state law, the Board may deposit funds in demand deposits, interest-bearing demand deposits, or time deposits with state banks organized under Louisiana law or under the laws of the United States.

Under state law and as authorized by the Board, the Board may invest in United States bonds, treasury notes, mutual or trust funds, or certificates. These are classified as investments if their original maturities exceed 90 days. However, if the original maturities are 90 days of less, they are classified as cash equivalents.

7. Bad Debts

Uncollectible accounts receivable are recognized as bad debts through the establishment of an allowance account at the time information becomes available which would indicate the uncollectibility of the particular receivable. At June 30, 2013, there were no amounts considered to be uncollectible.

8. Capital Assets

Capital assets purchased in excess of $1,000 are recorded at historical cost and depreciated over their estimated useful lives (excluding salvage value). Estimated useful life is management's estimate of how long the asset is estimated to meet service demands. Straight-line depreciation is used based on the following estimated useful lives:

Furniture	5-7 years
Equipment	5-10 years

8. Encumbrances

Encumbrance accounting is used to record purchase orders as they are incurred to reserve that portion of the application appropriation. This method of accounting is not employed.

9. Revenues and Expenses

Revenues and expenses are recorded on the accrual basis of accounting. Revenues, consist of fees from licenses, examinations, and programs. Different licenses are renewed on different cycles throughout the year. Licenses are renewed throughout the year. Licenses are recorded in the Statement of Activities when they are earned. Operating and non-operating expenses are recorded as they are incurred. During the year, the Board issued 37,447 permits and earned an additional $447,655 in fees. The number of new credentials during the fiscal year totals was 5,078.

When an expense is incurred for purposes for which there is both restricted and unrestricted net position available, it is the Board's policy to apply those expenses to restricted net assets to the extent such are available and then to unrestricted net position.

10. Employee Compensated Absences

Employees earn and accumulate vacation and sick leave at varying rates, depending on their years of service. Each employee may accumulate an unlimited amount of vacation and sick leave. After an employee is terminated they are compensated for up to 300 hours of unused vacation at their current rate of pay. The cost of current leave privileges are recognized as a current-year expense. The cost of leave not requiring current resources is recorded as a long-term obligation.

11. Statement of Cash Flows

This statement is prepared using the direct method. For purposes of this statement, this entity considers all highly liquid investments with a maturity of three months or less when purchased as cash equivalents.

12. Net Position

GASB Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis – for Local and State Governments*, required reclassification of net assets into three separate components. GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*, revised the terminology by incorporating deferred outflows of resources and deferred inflows of resources into the definitions of the required components of the residual measure and by renaming that measure as net position, rather than net assets. GASB Statement No. 63 requires the following component of net position:

- *Net invested in capital assets* – Consist of capital assets including restricted capital assets, net of accumulated depreciation and reduced by the outstanding balance of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvements of those assets.

- *Restricted net position* – Consists of net position with constraints placed on use either by (1) external groups such as creditors, grantors, contributors, laws, or regulation of other governments; or (2) law through constitutional provisions or enabling legislation.

- *Unrestricted net position* – All other net position that does not meet the definition of "restricted" or "net invested in capital assets."

NOTE B – BUDGET PRACTICES

The budget is legally adopted and amended, as necessary, by the Board. All expenditure appropriations lapse at year end. The budgeted amounts are not included in the financial statements.

NOTE C – DEPOSITS WITH FINANCIAL INSTITUTIONS

For reporting purposes, deposits with financial institutions include savings, demand deposits, time deposits, and certificates of deposits and are secured by the Federal Deposit Insurance Corporation insurance. Under state law these deposits must be secured by federal deposit insurance or the pledge of securities owned by the fiscal agent bank. The marker value of the pledged securities plus the federal deposit insurance must equal or exceed the amount on deposit. The cash deposits held at financial institutions can be categorized according the three levels of risk.

The deposits at June 30, 2013, consisted of the following:

	Amount
Deposits per balance sheet	$ 1,634,136
Bank deposits in bank accounts per bank	1,607,280
Bank balances of deposits exposed to custodial credit risk:	
a. Uninsured and uncollateralized	$ -
b. Uninsured and collateralized with securities held by the pledging institution	-
c. Uninsured and collateralized with securities held by the pledging institutions trust department or agent but not in the entity's name	1,112,855

NOTE D – INVESTMENTS

Investments of the Board consist of certificates of deposit, U.S. Treasury securities, and U.S. Government bonds . These securities are stated at their fair value as required by GASB Statement 31, *Accounting and Financial Reporting for Certain Investments and External Investment Pools.* The Board used quoted market values to determine fair value of the investments.

Descriptions	Cost	Fair Value	Interest Rates	Moody's Investors Service Credit quality Rating	Maturity Date
Certificates of Deposit	$ 1,143,000	$ 1,116,018	.05% - 1.8%		5/27/14-4/30/18
U. S. Treasury Security	25,000	28,958	1.25%	Aaa	7/15/20
Federal National Mortgage Association (FNMA)	50,000	50,650	4.625%	Aaa	8/15/12
Total debt securities-portfolio weighted-average maturity	1,218,000	1,195,626			
Money market fund-cash equivalent	270,837	270,837			
Total investments	1,488,837	1,466,463			
Accrued interest	1,200	1,200			
Total	$ 1,490,037	1,467,663			

Interest Rate Risk. The board has a formal investment policy that limits investment maturities to five years as a means of managing its exposure to fair value losses arising from increasing interest

rates.

NOTE D – INVESTMENTS (CONTINUED)

Credit Risk. The board has adopted the state investment policy at RS 49:327. The board does not have any other policy that would further limit the investment choices. The investments are government backed securities.

Concentration of Credit Risk. The board places no limits on the amount the board may invest in any one issuer.

NOTE E – CAPITAL ASSETS

A summary of changes, capital assets, and accumulated depreciation for the year ended June 30, 2013 is as follows:

	Balance June 30, 2012	Additions	Retirements	Balance June 30, 2013
Capital Assets, not being depreciated				
Land	$ 1,004,940	$ -	$ -	$ 1,004,940
Total Capital Assets, not being depreciated	1,004,940	-	-	1,004,940
Capital Assets, being depreciated				
Buildings and building improvements	1,049,655	-	-	1,049,655
Less accumulated depreciation	(30,615)	(26,241)	-	(56,856)
Total buildings and buildings improvements	1,019,040	(26,241)	-	992,799
Office equipment	291,563	47,476	(3,860)	335,179
Less accumlated depreciation	(186,884)	(32,954)	3,639	(216,199)
Total office equipment	104,679	14,522	(221)	118,980
Software	359,062	49,498	-	408,560
Less accumlated depreciation	(182,652)	(77,586)	-	(260,238)
Total software	176,410	(28,088)	-	148,322
Total Capital Assets, being depreciated	1,300,129	(39,807)	(221)	1,260,101
Total Capital Assets, net	$ 2,305,069	$ (39,807)	(221)	$ 2,265,041

Total depreciation expense for the year ended June 30, 2012 was $136,781.

NOTE F – NOTES PAYABLE

In January 2011, the Louisiana Board of Pharmacy purchased an office building and acquired a loan in the amount of $1,300,000 with an interest rate at 6.25% and a maturity date of January 16, 2016. Iberia Bank currently holds the lien to the building title and the vacant lot valued at $709,080 is pledged as collateral against the loan. The following is a summary of the long-term notes payable for the year ended June 30, 2013:

NOTE F – NOTES PAYABLE (CONTINUED)

Balance at July 1, 2012	$	1,222,890
Principal payments		(190,682)
Balance at June 30, 2013		1,032,208
Less Current Maturity		(71,153)
Long-Term Notes Payable	$	961,055

The annual requirements to amortize all debt outstanding as of June 30, 2013 including interest payments of $154,157 are as follows:

Year Ending June 30,	Notes Payable
2014	134,521
2015	134,521
2016	917,323
	$ 1,186,365

NOTE G – LITIGATION

There are no judgments or claims pending against the Board at June 30, 2013.

NOTE H – RETIREMENT SYSTEM

The employees of the Board are members of the Louisiana State Employees Retirement System (LASERS), a multiple-employer defined benefit pension plan. LASERS is a component unit of the State of Louisiana included in the State's CAFR as pension trust fund. LASERS was established and provided within Title 11 Chapter 401 of the Louisiana Revised Statutes. LASERS is a statewide public retirement system for the benefits of the state employees, which is administered by a separate board of trustees. LASERS issues a publicly available financial report that includes financial statements and required supplementary information for the defined benefit pension plan. This report can be obtained by writing to LASERS, 8401 United Plaza Blvd, PO Box 44213, Baton Rouge, LA 70809 or can be obtained from their web site at:

http://www.laseronline.org/uploads/2012_CAFR_web_version.pdf

All full-time employees, who began state employment prior to age 60, are eligible to participate in the System. Benefits vest with 10 years of service. At retirement age, employees are entitled to annual benefits equal to 2.5 per cent of their highest consecutive 36 months average salary multiplied by their years of credited service plus $300 for employees hired before July 31, 1986. Vested employees eligible to begin participation before July 1, 2006, are entitled to a retirement benefit, payable monthly for life (a) any age with 30 years of service, (b) age 55 with 25 years of service, or (c) age 60 with 10 years of service. The System also provides death and disability benefits.

NOTE H – RETIREMENT SYSTEM (CONTINUED)

State law provides for fiscal year 2013, 2012, and 2011, contribution rates of 7.5% by employees. The contribution rate for the employer for the fiscal year ended June 30, 2013 increased to 29.1% of annual covered payroll from the 25.6% and 22.0% required in the fiscal years of ended June 30, 2012 and 2011, respectively. Contribution requirements to the System are set by Statute and differ from the contribution requirements determined using actuarial methods. The contributions to the System for the years ending June 30, 2013, 2012, and 2011, were $279,473 $249,094, and $228,038, respectively, which are the required contributions set by Statute.

NOTE I –EMPLOYEE BENEFITS – OTHER POST-EMPLOYMENT BENEFITS

The Board may provide certain continuing health care and life insurance benefits for its retired employees through the Louisiana Office of Group Benefits. Substantially all employees become eligible for those benefits if they reach normal retirement age while working for the Board and were covered by the Board's active medical plan immediately prior to retirement. Those benefits include joint payment of monthly premiums for the coverage provided.

Plan Description. The State of Louisiana's Other Post-Employment Benefit Plant (OPEB Plan) is an agent multiple-employer plan administered by the Louisiana Office of Group Benefits (OGB). There are three plans available to eligible retirees for health care- OGB Preferred Provider Organization (PPO), Humana Health Maintenance Organization (HMO) and United Exclusive Provider Organization (EPO). Participants eligible for Medicare coverage can choose one of two OGB Medicare Advantage Plans, either an HMO or private fee-for-service (PFFS) plan. Life insurance benefits include basic term life, basic plus supplemental term life, dependent term life and employee accidental death and dismemberment coverage. The policy is underwritten by The Prudential Insurance Company of America.

LRS 42:801-883 provides for the authority under which benefit provisions are established and may be amended. The OGB does not issue a stand-alone repot; however, it is included in the Louisiana Comprehensive Annual Financial Report (CAFR). The CAFR may be obtained from the Office of Statewide Reporting and Accounting Policy's website at www.doa.la.gov/osrap, writing to P. O. Box 94095, Baton Rouge, LA 70804-9095 or by calling 225-342-0708.

Funding Policy. LRS 42:801-883 provides for the authority under which the obligations of the plan members and the system are established and may be amended. For employees hired prior to January 1, 2002, the cost of coverage is shared 25% by the participant and 75% by the Board with the exception of single retirees under age 65. He/she must pay 25% of the active employee cost. Employees hired on or after January 1, 2002, pay a percentage of the total contribution rate based on his/her years of service at retirement (under 10 yrs. - 81%; 10-14 yrs. – 62%; 15-19 yrs. – 44%; 20+ yrs. – 25%). A lifetime maximum for healthcare benefits is set at $5,000,000 for the PPO, HMO, and EPO plants. The retiree must pay 50% of the life insurance premiums for him or herself and 88% for his/her spouse. Maximum coverage is capped at $50,000.

Premiums paid for healthcare coverage vary depending on the plan chosen. For the year ended June 30, 2012, this amount ranges $326 to $338 per month for single members with Medicare or $969 to $1,049 per month without Medicare.

Premiums paid for retiree and spouse range from $1,191 to $1,249 per month for those with Medicare or $1,739 to $1,835 per month for those without Medicare. The rates for retirees with children are slightly higher than the single rates and family coverage is slightly higher than the retiree/spouse rates. The plan is currently financed on a pay-as-you-go basis by the Board.

NOTE I –EMPLOYEE BENEFITS – OTHER POST-EMPLOYMENT BENEFITS (CONTINUED)

OPEB Cost/Obligation. The Board's Annual Required Contribution (ARC) is an amount actuarially in accordance with GASB 45. The Annual Required Contribution (ARC) represents a level of funding that, if paid on an ongoing basis, would cover normal cost each year and amortize any unfunded actuarial liabilities over a period not to exceed thirty years. A level percentage of payroll amortization method, open period, was used. The total ARC for the year beginning July 1, 2012, is as follows:

Annual OPEB Expense and Net OPEB Obligation

Fiscal Year Ending		6/30/2013
Net OPEB Obligation at June 30, 2012	$	844,902
Annual Required Contribution		128,300
Interest on Net OPEB Obligation		33,800
ARC Adjustment		(32,300)
Annual OPEB Expense		129,800
Contributions made		(49,298)
Net OPEB Obligation at June 30, 2013	$	925,404
Percentage of Annual OPEB Cost Contributed		37.98%

Funding Status and Funding Progress. As of June 30, 2013, the Board had not made any contributions to its post-employment benefits plan trust. A trust was established during the current year but was not funded. Thus, it has no plan assets and a funding ratio of zero. Funding status and progress is summarized below:

Actuarial accrued liability (AAL)	$	1,471,800
Actuarial value of plan assets		-
Unfunded actuarial accrued liability (UAAL)	$	1,471,800
Funded ratio (actuarial value of plan assets/AAL)		0.00%
Covered payroll (annual payroll of active employees covered by the plan)		495,500
UAAL as a percentage of covered payroll		297%

Actuarial Methods and Assumptions. Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality and healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information following the notes to the financial statements, presents multiyear trend information hat shows whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

NOTE I –EMPLOYEE BENEFITS – OTHER POST-EMPLOYMENT BENEFITS (CONTINUED)

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and the plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce short-term volatility in actuarial accrued liabilities consistent with the long-term perspective of the calculations.

In the July 1, 2012, actuarial valuation, the projected unit credit actuarial cost method was used. The actuarial assumptions included a 4.0 percent investment rate of return (net of administrative expenses) and initial annual healthcare cost trend rate of 8.0% and 6.0% for pre-Medicare and Medicare eligibles, respectively, scaling down to ultimate rates of 4.5% per year. The Board's unfunded actuarial accrued liability is being amortized as a level percentage of payroll on an open basis. The remaining amortization period at June 30, 2013, was thirty years.

NOTE J – COMPENSATED ABSENCES

The Louisiana Board of Pharmacy has the following policy related to annual and sick leave for the Board's unclassified clerical employees. The earning of annual and sick leave is based on the equivalent of full-time services. It is credited at the end of each month of regular service. Accrued unused annual and sick leave shall be carried forward to the succeeding calendar year without limitation; however, upon separation of service, no sick leave will be paid and only 300 hours of annual leave will be paid. Annual leave must be applied for by the employee and may only be used when approved by the Board.

Changes in accrued leave for the current and long-term periods are as follows:

	Current	Long-term	Total
Balance, July 1, 2012	$ 47,547	76,522	124,069
Additions	3,759	-	3,759
Deletions	-	(960)	(960)
Balance, June 30, 2013	$ 51,306	75,562	126,868

NOTE K – BOARD MEMBERS' PER DIEM

The Board members are paid per diem of $75 per day for each day of actual attendance of board meetings and for attending to official business of the Board as authorized by Act No. 767 Louisiana Legislature.

NOTE L – RELATED PARTY TRANSACTIONS

The Board did not have any related party transactions for the year ended June 30, 2013.

NOTE M – OPERATING LEASES

The Board has the following leases at June 30, 2013:

- Stanley Security Systems – Monthly monitoring and security. There are three leases with monthly payments of $65, $30, and $39, respectively. The leases end in April 2016, March 2016, and April 2016, respectively.
- Corporate Green, LLC – Lawn maintenance and pest control. The monthly lease payments are $210 and $ 80, respectively, with an ending date in May, 2014.
- Xerox – Copier. The monthly lease payment is $304 with an ending date in June, 2015.
- Allied Waste – Solid waste services. The monthly lease payment is $55 with an ending date in April, 2014.
- Pitney Bowes – Postage meter service level agreement. The monthly lease payment is $647 with an ending date of June, 2016.

The following is a schedule of future minimum lease payments required under the operating leases:

	Total
2014	16,760
2015	13,020
2016	9,074
	38,854

NOTE N – NEW ACCOUNTING PRONOUNCEMENTS

GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities*, will be effective for the Board beginning with its year ending June 30, 2014. This statement establishes accounting and financial reporting standards that reclassify, as deferred outflows of resources or deferred inflow of resources, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities. This Statement amends the financial statement element classification of certain items previously reported as net assets and liabilities to be consistent with the definitions in Concepts Statement No. 4.

Management has not currently determined what, if any, impact implementation of this statement may have on the financial statements of the Board.

NOTE O – SUBSEQUENT EVENTS

These financial statements considered subsequent events through July 31, 2013, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

SCHEDULE 1

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
SCHEDULE OF BOARD MEMBERS PER DIEM
FOR THE YEAR ENDED JUNE 30, 2013

Board Members	Amount
Joseph L. Adams	$ 2,625
Carl W. Aron	4,275
Brian A. Bond	2,100
Jacqueline L. Hall	825
Marty R. McKay	2,775
Chris B. Melancon	1,875
Ronald E. Moore	375
Blake P. Pitre	1,800
T. Morris Rabb	2,400
Clovis Burch	1,800
Pamela Reed	1,950
Richard Indovina	1,725
Ryan Dartez	600
Rhonny Valentine	900
Deborah Simonson	975
Don Resweber	1,650
Richard A. "Andy" Soileau	2,325
Total	$ 30,975

The schedule of per diem paid board members is presented in compliance with House Concurrent Resolution No. 54 of the 1979 Session of the Louisiana Legislature.

OTHER REPORTS REQUIRED BY *GOVERNMENT AUDITING STANDARDS*

BAXLEY AND ASSOCIATES, LLC

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Hugh F. Baxley, CPA/CVA/PFS/FCPA
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Staci H. Joffrion, CPA

SCHEDULE 2

To the Board of Directors
Louisiana Board of Pharmacy
Baton Rouge, Louisiana

INDEPDENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERSBASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH*GOVERNMENT AUDITING STANDARDS*

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller of the United States, the financial statements of the business-type activities of the Louisiana Board of Pharmacy, a component unit of the State of Louisiana, as of and for the year ended June 30, 2013, and the related notes to the financial statements, which collectively comprise Louisiana Board of Pharmacy's basic financial statements, and have issued our report thereon dated July 31, 2013.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Louisiana Board of Pharmacy's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Louisiana Board of Pharmacy's internal control. Accordingly, we do not express an opinion on the effectiveness of the Louisiana Board of Pharmacy's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH*GOVERNMENT AUDITING STANDARDS*

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Louisiana Board of Pharmacy's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective ofour audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Plaquemine, Louisiana
July 31, 2013

SCHEDULE 3

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
SUMMARY OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2013

SUMMARY OF AUDITOR'S RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of the Louisiana Board of Pharmacy.
2. There are no significant deficiencies relating to the audit of the financial statements reported in the Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards.
3. No instances of noncompliance material to the financial statements of the Louisiana Board of Pharmacy were disclosed during the audit.

SCHEDULE 4

LOUISIANA BOARD OF PHARMACY
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
SUMMARY OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2013

There were no prior year audit findings or questioned costs.

LOUISIANA BOARD OF PHARMACY
STATE OF LOUISIANA
Annual Financial Statements
June 30, 2013

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STATE OF LOUISIANA
Annual Financial Statements
Fiscal Year Ending June 30, 2013

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Division of Administration
Office of Statewide Reporting
and Accounting Policy
P. O. Box 94095
Baton Rouge, LA 70804-9095

Physical Address:
1201 N. Third Street
Claiborne Building, 6th Floor, Suite 6-130
Baton Rouge, Louisiana 70802

Legislative Auditor
P. O. Box 94397
Baton Rouge, LA 70804-9397

LLAFileroom@lla.la.gov

Physical Address:
1600 N. Third Street
Baton Rouge, Louisiana 70802

Affidavit

Before me, the undersigned notary, personally came and appeared Malcolm J. Broussard, Executive Director of the Louisiana Board of Pharmacy, who duly sworn, deposes and says, that the financial statements herewith given present fairly the financial position of the Louisiana Board of Pharmacy at June 30, 2013 and the results of operations for the year then ended in accordance with policies and practices established by the Division of Administration or in accordance with Generally Accepted Accounting Principles as prescribed by the Governmental Accounting Standards Board.

Sworn and subscribed before me, this 15th day of August, 2013.

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Carlos M. Finalet, III
Notary Public
Bar Roll No. 23729

Prepared by: Malcolm J. Broussard
Title: Executive Director
Telephone: 225.925.6481
Date: August 15, 2013
Email: mbroussard@pharmacy.la.gov

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
STATEMENT OF NET POSITION
AS OF JUNE 30, 2013

Statement A

ASSETS		
CURRENT ASSETS		
Cash and Cash equivalents	$	1,634,136
Restricted Cash and Cash Equivalents		
Investments		1,466,463
Derivative Instruments		
Receivables (net of allowance for doubtful accounts)(Note U)		5,885
Due from other funds (Note Y)		
Due from federal government		
Inventories		
Prepayments		18,694
Notes Receivable		
Other Current Assets		
Total current assets		3,125,178
NONCURRENT ASSETS		
Restricted assets (Note F):		
Cash		
Investments		
Receivables		
Investments		
Notes Receivable		
Captial assets, net of depreciation (Note D)		
Land non-depreciable easements		1,004,940
Buildings and improvements		992,799
Machinery and equipment		118,980
Software		148,322
Intangible assets		
Construction/Development-in-progress		
Other noncurrent assets		
Total noncurrent assets		2,265,041
Total assets	$	5,390,219
DEFERRED OUTFLOWS OF RESOURCES		
Accumulated decrease in fair value of hedging derivatives	$	
Total assets and deferred outflow of resources	$	5,390,219

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
STATEMENT OF NET POSITION
AS OF JUNE 30, 2013

Statement A

LIABILITIES		
CURRENT LIABILITIES:		
Accounts payable and accruals (Note V)	$	80,390
Derivative instrument		
Due to other funds (Note Y)		
Due to federal government		
Deferred revenues		
Amounts held in custody for others		
Other current liabilities		
Current portion of long-term liabilities: (Note K)		
Contracts payable		
Compensated absences payable		51,306
Capital lease obligations		
Claims and litigation payable		
Notes payable		71,153
Pollution remediation obligation		
Bonds payable (include unamortized costs)		
Other long-term liabilities		
Total current liabilities		202,849
NONCURRENT LIABILITIES		
Contracts payable		
Compensated absences payable		75,562
Capital lease obligations		
Claims and litigation payable		
Notes payable		961,055
Pollution remediation obligation		
Bonds payable (include unamortized costs)		
OPEB payable		925,404
Other long-term liabilities		
Total noncurrent liabilities		1,962,021
Total liabilities		2,164,870
DEFERRED INFLOWS OF RESOURCES		
Accumulated increase in fair value of hedging derivatives	$	
Deferred service concession arrangement receipts		
Total deferred inflows of resources		-
NET POSITION		
Net investment in capital assets		1,232,833
Restricted for:		
Capital projects		
Debt sesrvice		
Unemployment compensation		
Other specific purposes		
Unrestricted		1,992,516
Total net position		3,225,349
Total liabilities, deferred inflows of resources, and net position	$	5,390,219

The accompanying notes are an integral part of this financial statement.

STATE OF LOUISIANA **Statement B**
LOUISIANA BOARD OF PHARMACY
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FOR THE YEAR ENDED JUNE 30, 2013

OPERATING REVENUE	
Sales of commodities and services	$
Assessments	
Use of money and property	
Licenses, permits, and fees	2,851,929
Federal grants and contracts	
State, local and nongovernmental grants and contracts	
Other	
Total operating revenues	2,851,929
OPERATING EXPENSES	
Cost of sales and services	
Administrative	2,355,967
Depreciation	136,782
Amortization	
Total operating expenses	2,492,749
Operating income(loss)	359,180
NON-OPERATING REVENUES(EXPENSES)	
State appropriations	
Intergovernmental revenues(expenses)	
Investment expense	(15,210)
Use of money and property	12,484
Gain on disposal of fixed assets	46
Loss on disposal of fixed assets	
Federal grants	
Interest expense	(68,025)
Other revenue	
Other expense	
Total non-operating revenues(expenses)	(70,705)
Income(loss) before contributions, extraordinary items, & transfers	288,475
Capital contributions	
Extraordinary item	
Transfers in	
Transfers out	
Change in net position	288,475
Total net position – beginning	2,936,874
Total net position – ending	$ 3,225,349

The accompanying notes are an integral part of this financial statement.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2013

Statement C

		Program Revenues			Net (Expense) Revenue and Changes in Net Position
	Expenses	Charges for Services	Operating Grants and Contributions	Capital Grants and Contributions	
Entity	$ 2,575,938	$	$	$	$ (2,575,938)
General revenues:					
Taxes					2,851,929
State appropriations					
Grants and contributions not restricted to specific programs					
Interest					12,484
Miscellaneous					
Special items					
Extraordinary item					
Transfers					
Total general revenues, special items, and transfers					2,864,413
Change in net assets					288,475
Net position - beginning as restated					2,936,874
Net position - ending					$ 3,225,349

The accompanying notes are an integral part of this statement.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2013

Statement D
(continued)

Cash flows from operating activities		
Cash receipts from customers	$ 2,859,206	
Cash receipts from grants and contracts		
Cash receipts from interfund services provided		
Other operating cash receipts, if any		
Cash payments to suppliers for goods or services	(646,461)	
Cash payments to employees for services	(1,610,694)	
Cash payments for interfund services used, including payments "In Lieu of Taxes"		
Other operating cash payments, if any (* provide explanation)		
Net cash provided(used) by operating activities		602,051
Cash flows from non-capital financing activities		
State Appropriations		
Federal receipts		
Federal disbursements		
Proceeds from sale of bonds		
Principal paid on bonds		
Interest paid on bond maturities		
Proceeds from issuance of notes payable		
Principal paid on notes payable		
Interest paid on notes payable		
Operating grants received		
Transfers in		
Transfers out		
Other (**provide explanation)		
Net cash provided(used) by non-capital financing activities		-
Cash flows from capital and related financing activities		
Proceeds from sale of bonds		
Principal paid on bonds		
Interest paid on bond maturities		
Proceeds from issuance of notes payable		
Principal paid on notes payable	(190,682)	
Interest paid on notes payable	(68,839)	
Acquisition/construction of capital assets	(96,974)	
Proceeds from sale of capital assets		
Capital contributions		
Gain on disposal of asset	46	
Other (*** provide explanation)		
Net cash provided(used) by capital and related financing activities		(356,449)
Cash flows from investing activities		
Purchases of investment securities	(140,000)	
Proceeds from sale of investment securities	1,433	
Investment expense	(15,210)	
Interest and dividends earned on investment securities	15,201	
Net cash provided(used) by investing activities		(138,576)
Net increase(decrease) in cash and cash equivalents		107,026
Cash and cash equivalents at beginning of year		1,527,110
Cash and cash equivalents at end of year		$ 1,634,136

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2013

Statement D
(concluded)

Reconciliation of operating income(loss) to net cash provided(used) by operating activities:

Operating income(loss)		$ 359,180
Adjustments to reconcile operating income(loss) to net cash provided(used) by operating activities:		
Depreciation/amortization	136,782	
Provision for uncollectible accounts		
Other		
Changes in assets and liabilities:		
(Increase)decrease in accounts receivable, net	7,277	
(Increase)decrease in due from other funds		
(Increase)decrease in prepayments	1,528	
(Increase)decrease in inventories		
(Increase)decrease in other assets		
Increase(decrease) in accounts payable and accruals	13,473	
Increase(decrease) in compensated absences payable	2,799	
Increase(decrease) in payroll tax liability	510	
Increase(decrease) in deferred revenues		
Increase(decrease) in OPEB payable	80,502	
Increase(decrease) in other liabilities		
Net cash provided(used) by operating activities		$ 602,051

Schedule of noncash investing, capital, and financing activities:

Borrowing under capital lease(s)	$
Contributions of fixed assets	
Purchases of equipment on account	
Asset trade-ins	
Other (specify)	
Total noncash investing, capital, and financing activities:	$ -

The accompanying notes are an integral part of this statement.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
Notes to the Financial Statement
As of and for the year ended June 30, 2013

INTRODUCTION

The Louisiana Board of Pharmacy was created by the Louisiana State Legislature under the provisions of Louisiana Revised Statute 37:1171. The following is a brief description of the operations of the Louisiana Board of Pharmacy:

The Louisiana Board of Pharmacy is a component unit of the State of Louisiana. The board is composed of seventeen members, appointed by the governor, including two licensed pharmacists from each of the Board's district as provided by R.S. 37:1173. The Board is charged with the responsibility of establishing rules and regulations that control and regulate the practice of pharmacy. Revenues to operate the Board are self-generated by licenses and fees paid by licensees and applicants.

A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

In April of 1984, the Financial Accounting Foundation established the Governmental Accounting Standards Board (GASB) to promulgate generally accepted accounting principles and reporting standards with respect to activities and transactions of state and local governmental entities. The GASB has issued a Codification of Governmental Accounting and Financial Reporting Standards (GASB Codification). This codification and subsequent GASB pronouncements are recognized as generally accepted accounting principles for state and local governments. The accompanying financial statements have been prepared in accordance with such principles.

The accompanying financial statements of Louisiana Board of Pharmacy present information only as to the transactions of the programs of the Louisiana Board of Pharmacy as authorized by Louisiana statutes and administrative regulations.

Basis of accounting refers to when revenues and expenses are recognized and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accounts of the Louisiana Board of Pharmacy are maintained in accordance with applicable statutory provisions and the regulations of the Division of Administration – Office of Statewide Reporting and Accounting Policy as follows:

Revenue Recognition

Revenues are recognized using the full accrual basis of accounting; therefore, revenues are recognized in the accounting period in which they are earned and become measurable.

Expense Recognition
Expenses are recognized on the accrual basis; therefore, expenses, including salaries, are recognized in the period incurred, if measurable.

B. BUDGETARY ACCOUNTING

The appropriations made for the operations of the various programs of the Louisiana Board of Pharmacy are annual lapsing appropriations.

1. The budgetary process is an annual appropriation valid for one year.
2. The agency is prohibited by statute from over expending the categories established in the budget.
3. Budget revisions are granted by the Joint Legislative Committee on the Budget, a committee of the Louisiana Legislature. Interim emergency appropriations may be granted by the Interim Emergency Board.
4. The budgetary information included in the financial statements includes the original appropriation plus subsequent amendments as follows:

		APPROPRIATIONS
Original approved budget	$	2,750,000
Amendments:		88,000
Final approved budget	$	2,838,000

C. DEPOSITS WITH FINANCIAL INSTITUTIONS AND INVESTMENTS

1. DEPOSITS WITH FINANCIAL INSTITUTIONS

For reporting purposes, deposits with financial institutions include savings, demand deposits, time deposits, and certificates of deposit. Under state law the Louisiana Board of Pharmacy may deposit funds within a fiscal agent bank selected and designated by the Interim Emergency Board. Further, the Board may invest in time certificates of deposit in any bank domiciled or having a branch office in the state of Louisiana, in savings accounts or shares of savings and loan associations and savings banks, and in share accounts and share certificate accounts of federally or state chartered credit unions.

For the purpose of the statement of cash flows and statement of net position presentation, all highly liquid investments (including negotiable CDs and restricted cash and cash equivalents) and deposits (including nonnegotiable CDs and restricted cash and cash

equivalents) with a maturity of three months or less when purchased are considered to be cash equivalents.

Deposits in bank accounts are stated at cost, which approximates market. Under state law these deposits must be secured by federal deposit insurance or the pledge of securities owned by the fiscal agent bank. The market value of the pledged securities plus the federal deposit insurance must at all times equal the amount on deposit with the fiscal agent. These pledged securities are required to be held in the name of the pledging fiscal agent bank in a holding or custodial bank in the form of safekeeping receipts held by the State Treasurer.

GASB Statement 40, which amended GASB Statement 3, eliminated the requirement to disclose all deposits by three categories of risk. GASB Statement 40 requires only the disclosure of deposits that are considered to be exposed to custodial credit risk. An entity's deposits are exposed to custodial credit risk if the deposit balances are either 1) uninsured and uncollateralized, 2) uninsured and collateralized with securities held by the pledging financial institution, or 3) uninsured and collateralized with securities held by the pledging financial institution's trust department or agent, but not in the entity's name.

The deposits at June 30, 2013, consisted of the following:

	Cash	Nonnegotiable Certificates of Deposit	Other (Describe)	Total
Deposits per statement of net position (Reconciled bank balance)	$ 1,634,136	$	$	$ 1,634,136
Deposits in bank accounts per bank	$ 1,607,280	$	$	$ 1,607,280
Bank balances exposed to custodial credit risk:	$	$	$	$
a. Uninsured and uncollateralized				
b. Uninsured and collateralized with securities held by the pledging institution				
c. Uninsured and collateralized with securities held by the pledging institution's trust department or agent, but not in the entity's name	1,112,855			1,112,855

The following is a breakdown by banking institution, program, and amount of the "Deposits in bank accounts per bank" balances shown above:

Banking Institution	Program	Amount
1. Whitney Bank	Operating accounts	$ 160,712
2. Whitney Bank	Relief funds	83,713
3. Iberia Bank	Operating accounts	878,146
4. Iberia Bank	Renovations	484,709
Total		$ 1,607,280

Cash in State Treasury and petty cash are not required to be reported in the note disclosure. However, to aid in reconciling amounts reported on the statement of net position to amounts reported in this note, list below any cash in treasury and petty cash that are included on the statement of net position.

Cash in state treasury	$ -0-
Petty cash	$ -0-

2. INVESTMENTS

The Louisiana Board of Pharmacy does maintain investment accounts as authorized by 71:1.1501.

Custodial Credit Risk

Investments can be exposed to custodial credit risk if the securities underlying the investment are uninsured, not registered in the name of the entity, and are either held by the counterparty or held by the counterparty's trust department or agent, but not in the entity's name. Repurchase agreements are not subject to credit risk if the securities underlying the repurchase agreement are exempt from credit risk disclosure. Using the following table, list each type of investment disclosing the total carrying amounts and market values, and any amounts exposed to custodial credit risk.

GASB Statement 40 amended GASB Statement 3 to eliminate the requirement to disclose all investments by three categories of risk. GASB Statement 40 requires only the separate disclosure of investments that are considered to be exposed to custodial credit risk. Those investments exposed to custodial credit risk are reported by type in one of two separate columns depending upon whether they are held by a counterparty, or held by a counterparty's trust department or agent not in the entity's name. In addition, the total reported amount and fair value columns still must be reported for total investments regardless of exposure to custodial credit risk.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
Notes to the Financial Statement
As of and for the year ended June 30, 2013

	Investments Exposed to Custodial Credit Risk		All Investments Regardless of Custodial Credit Risk Exposure	
Type of Investment	Uninsured, *Unregistered, and Held by Counterparty	Uninsured, *Unregistered, and Held by Counterparty's Trust Dept. or Agent Not in Entity's Name	Reported Amount Per Statement of Net Position	Fair Value
Negotiable CDs	$	$	$ 1,116,018	$ 1,116,018
Repurchase agreements				
U.S. Government Obligations **			79,608	79,608
U.S. Agency Obligations***				
Common & preferred stock				
Mortgages (including CMOs & MBSs)				
Corporate bonds				
Mutual funds			270,837	270,837
Real estate				
External Investment Pool (LAMP) ****				
External Investment Pool (Other)				
Other: (identify)				
Total investments	$ -	$ -	$ 1,466,463	$ 1,466,463

3. CREDIT RISK, INTEREST RATE RISK, CONCENTRATION OF CREDIT RISK, AND FOREIGN CURRENCY RISK DISCLOSURES

		Investment Maturities (in Years)			
Type of Debt Investment	Fair Value	Less Than 1	1 - 5	6 - 10	Greater Than 10
U.S. Government obligations	$ 79,608	$ 50,649	$ 28,959	$	$
Certificates of deposit	1,116,018	120,317	995,701		
Money market funds	270,837	270,837			
Other					
Total debt investments	$ 1,466,463	$ 441,803	$ 1,024,660	$ -	$ -

4. DERIVATIVES (GASB 53) – NOT APPLICABLE

5. POLICIES – NOT APPLICABLE

6. OTHER DISCLOSURES REQUIRED FOR INVESTMENTS – NOT APPLICABLE

D. CAPITAL ASSETS – INCLUDING CAPITAL LEASE ASSETS

The fixed assets used in the Special Purpose Government Engaged only in Business-Type Activities are included on the statement of net position of the entity and are capitalized at cost. Depreciation of all exhaustible fixed assets used by the entity is charged as an expense against operations. Depreciation for financial reporting purposes is computed by the straight line method over the useful lives of the assets.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
Notes to the Financial Statement
As of and for the year ended June 30, 2013

Schedule of Capital Assets (includes capital leases)

Agency	Balance 6/30/2012	Prior Period Adjustments	Restated Balance 6/30/2012	Additions	* Reclassification of CIP	** Retirements	Balance 6/30/2013
Capital assets not depreciated:							
Land	$ 1,004,940	$	$ 1,004,940	$	$	$	$ 1,004,940
Non-depreciable land improvements			-				-
Non-depreciable easements			-				-
Capitalized collections			-				-
Software - development in progress			-				-
Construction in progress			-				-
Total capital assets not depreciated	$ 1,004,940	$ -	$ 1,004,940	$ -	$ -	$ -	$ 1,004,940
Other capital assets:							
Depreciable land improvements	$	$	$ -	$	$	$	$ -
** Accumulated depreciation			-				-
Total land improvements	-	-	-	-	-	-	-
Buildings	1,049,655		1,049,655				1,049,655
** Accumulated depreciation	(30,615)		(30,615)	(26,241)			(56,856)
Total buildings	1,019,040	-	1,019,040	(26,241)	-	-	992,799
Machinery & equipment	291,563		291,563	47,476		(3,860)	335,179
** Accumulated depreciation	(186,884)		(186,884)	(32,954)		3,639	(216,199)
Total machinery & equipment	104,679	-	104,679	14,522	-	(221)	118,980
Infrastructure			-				-
** Accumulated depreciation			-				-
Total infrastructure	-	-	-	-	-	-	-
Software (internally generated & purchased)	359,062		359,062	49,498			408,560
Other intangibles			-				-
** Accumulated amortization - software	(182,652)		(182,652)	(77,586)			(260,238)
** Accumulated amortization - other intangibles			-				-
Total intangibles	176,410	-	176,410	(28,088)	-	-	148,322
Total other capital assets	$ 1,300,129	$ -	$ 1,123,719	$ (11,719)	$ -	$ (221)	$ 1,111,779
Capital asset summary:							
Capital assets not depreciated	$ 1,004,940	$ -	$ 1,004,940	$ -	$ -	$ -	$ 1,004,940
Other capital assets, book value	1,700,280	-	1,700,280	96,974	-	(3,860)	1,793,394
Total cost of capital assets	2,705,220	-	2,705,220	96,974	-	(3,860)	2,798,334
Accumulated depreciation/amortization	(400,151)	-	(400,151)	(136,781)	-	3,639	(533,293)
Capital assets, net	$ 2,305,069	$ -	$ 2,305,069	$ (39,807)	$ -	$ (221)	$ 2,265,041

* Should only be used for those completed projects coming out of construction-in-progress to capital assets.
** Enter a negative number except for accumulated depreciation in the retirement column

E. INVENTORIES – NOT APPLICABLE

F. RESTRICTED ASSETS – NOT APPLICABLE

G. LEAVE

1. COMPENSATED ABSENCES

The Louisiana Board of Pharmacy has the following policy on annual and sick leave:

Employees earn and accumulate annual and sick leave at various rates depending on their years of service. The amount of annual and sick leave that may be accumulated by each employee is unlimited. Upon termination, employees or their heirs are compensated for up to 300 hours of unused annual leave at the employee's hourly rate of pay at the time of termination. Upon retirement, unused annual leave in excess of 300 hours plus unused sick leave is used to compute retirement benefits.

The cost of leave privileges, computed in accordance with GASB Codification Section C60, is recognized as a current year expenditure in the fund when leave is actually taken; it is recognized in the enterprise funds when the leave is earned. The cost of leave privileges applicable to general government operations not requiring current resources is recorded in long-term obligations.

2. COMPENSATORY LEAVE

Employees who are considered having non-exempt status according to the guidelines contained in the Fair Labor Standards Act may be paid for compensatory leave earned (K-time). Upon termination or transfer, an employee will be paid for any time and one-half compensatory leave earned and may or may not be paid for any straight hour-for-hour compensatory leave earned. Compensation paid will be based on the employees' hourly rate of pay at termination or transfer. The liability for accrued payable compensatory leave at June 30, 2013 computed in accordance with the Codification of Governmental Accounting and Financial Reporting Standards, Section C60.105 is estimated to be zero. The leave payable is recorded in the accompanying financial statements.

H. RETIREMENT SYSTEM

Substantially all of the employees of the Board are members of the Louisiana State Employees Retirement System (LASERS), a single employer defined benefit pension plan. The System is a statewide public employee retirement system (PERS) for the benefit of state employees, which is administered and controlled by a separate board of trustees.

All full-time Louisiana Board of Pharmacy employees are eligible to participate in the System unless they elect to continue as a contributing member in any other retirement system for which they remain eligible for membership. Certain elected officials and officials appointed by the governor may, at their option, become members of LASERS. Normal benefits vest with 10 years of service. Generally,

retirement age employees are entitled to annual benefits equal to $300 plus 2.5% of their highest consecutive 36 months' average salary multiplied by their years of credited service except for members eligible to begin participation in the Defined Benefit Plan (DBP) on or after July 1, 2006. Act 75 of the 2005 Regular Session changes retirement eligibility and final average compensation for members who are eligible to begin participation in the DBP beginning July 1, 2006. Retirement eligibility for these members is limited to age 60, or thereafter, upon attainment of ten years of creditable service. Final average compensation will be based on the member's average annual earned compensation for the highest 60 consecutive months of employment.

Vested employees eligible to begin participation in the DBP before July 1, 2006, are entitled to a retirement benefit, payable monthly for life at (a) any age with 30 years of service, (b) age 55 with 25 years of service, or (c) age 60 with 10 years of service. In addition, these vested employees have the option of reduced benefits at any age with 20 years of service. Those hired on or after July 1, 2006 have only a single age option. They cannot retire until age 60 with a minimum of 10 years of service. The System also provides death and disability benefits and deferred benefit options, with qualifications and amounts defined by statute. Benefits are established or amended by state statute. The System issues a publicly available annual financial report that includes financial statements and required supplementary information for the System. For a full description of the LASERS defined benefit plan, please refer to the LASERS 2012 Financial Statements, specifically, footnotes A – Plan Description and C – Contributions. A copy of the report may be obtained by writing to the Louisiana State Employees Retirement System, Post Office Box 44213, Baton Rouge, Louisiana 70804-4213, or by calling (225) 922-0600 or (800) 256-3000. The footnotes to the Financial Statements contain additional details and are also available on-line at:

http://www.lasersonline.org/uploads/CAFR_2012.pdf

All members are required by state statute to contribute with the vast majority of employees of the state who became members before July 1, 2006 contributing 7.5% of gross salary. Act 75 of the 2005 Regular Session increases the member contribution rate from 7.5% to 8% for new members hired after June 30, 2006. The Board is required to contribute at an actuarially determined rate as required by R.S. 11:102. The contribution rate for the fiscal year ended June 30, 2013, increased to 29.1% of annual covered payroll from the 25.6% and 22.0% required in fiscal years ended June 30, 2012 and 2011 respectively. The Board contributions to the System for the years ending June 30, 2013, 2012, and 2011, were $279,473, $249,094, and $228,038, respectively, equal to the required contributions for each year.

I. OTHER POSTEMPLOYMENT BENEFITS (OPEB)

GASB Statement 43, *Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans* addresses accounting and financial reporting for OPEB trust and agency funds of the employer. GASB Statement 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other than Pensions* establishes standards of accounting and financial reporting for OPEB expense/expenditures and related OPEB liabilities or OPEB assets, note disclosures, and required supplementary information (RSI) in the financial reports of governmental employers. See the GASB Statement 45 note disclosures requirements in section 2 of this note.

1. Calculation of Net OPEB Obligation

The other postemployment benefits (OPEB) calculation for the year ended June 30, 2013 is as follows:

Annual OPEB expense and net OPEB Obligation

Fiscal year ending	6/30/2013
1. * ARC	$ 128,300
2. * Interest on NOO	33,800
3. * ARC adjustment	(32,300)
4. * Annual OPEB Expense (1. + 2. - 3.)	129,800
5. Contributions (employer pmts. to OGB for retirees' cost of 2013 insurance premiums)	(49,298)
6. Increase in Net OPEB Obligation (4. - 5.)	80,502
7. *NOO, beginning of year	844,902
8. **NOO, end of year (6. + 7.)	$ 925,404

J. LEASES

1. OPERATING LEASES

The total payments for operating leases during fiscal year June 30, 2013 amounted to $5,509. A schedule of payments for operating leases follows:

Nature of lease	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019-2023	FY 2024-2028
Office Space	$	$	$	$	$	$	$
Equipment	3,648	3,648					
Land							
Other	13,112	9,372	9,074				
Total	$ 16,760	$ 13,020	$ 9,074	$ -	$ -	$ -	$ -

2. CAPITAL LEASES – NOT APPLICABLE

3. LESSOR DIRECT FINANCING LEASES – NOT APPLICABLE

4. LESSOR – OPERATING LEASE – NOT APPLICABLE

K. LONG-TERM LIABILITIES

The following is a summary of long-term debt transactions of the entity for the year ended June 30, 2013:

	Year ended June 30, 2013				
	Balance June 30, 2012	Additions	Reductions	Balance June 30, 2013	Amounts due within one year
Notes and bonds payable:					
Notes payable	$ 1,222,890	$ -	$ 190,682	$ 1,032,208	$ 71,153
Bonds payable	-	-	-	-	-
Total notes and bonds	1,222,890	-	190,682	1,032,208	71,153
Other liabilities:					
Contracts payable	-	-	-	-	-
Compensated absences payable	124,069	2,799	-	126,868	51,306
Capital lease obligations	-	-	-	-	-
Claims and litigation	-	-	-	-	-
Pollution remediation obligation	-	-		-	-
OPEB payable	844,902	80,502	-	925,404	-
Other long-term liabilities	-	-	-	-	-
Total other liabilities	968,971	83,301	-	1,052,272	51,306
Total long-term liabilities	$ 2,191,861	$ 83,301	$ 190,682	$ 2,084,480	$ 122,459

L. CONTINGENT LIABILITIES – NOT APPLICABLE

M. RELATED PARTY TRANSACTIONS – NOT APPLICABLE

N. ACCOUNTING CHANGES – NOT APPLICABLE

O. IN-KIND CONTRIBUTIONS – NOT APPLICABLE

P. DEFEASED ISSUES – NOT APPLICABLE

Q. REVENUES – PLEDGED OR SOLD (GASB 48) – NOT APPLICABLE

R. GOVERNMENT-MANDATED NONEXCHANGE TRANSACTIONS (GRANTS) – NOT APPLICABLE

S. VIOLATIONS OF FINANCE-RELATED LEGAL OR CONTRACTUAL PROVISIONS – NOT APPLICABLE

T. SHORT-TERM DEBT – NOT APPLICABLE

U. DISAGGREGATION OF RECEIVABLE BALANCES

Receivables at June 30, 2013, were as follows:

Fund (gen. fund, gas tax fund, etc.)	Customer Receivables	Taxes	Receivables from other Governments	Other Receivables	Total Receivables
Enterprise Fund	$ -	$ -	$ -	$ 5,885	$ 5,885
Gross receivables	$ -	$ -	$ -	$ 5,885	$ 5,885
Less allowance for uncollectible accounts	-	-	-	-	-
Receivables, net	$ -	$ -	$ -	$ 5,885	$ 5,885
Amounts not scheduled for collection during the subsequent year	$	$	$	$	$ -

V. DISAGGREGATION OF PAYABLE BALANCES

Payables at June 30, 2013, were as follows:

Fund	Vendors	Salaries and Benefits	Accrued Interest	Other Payables	Total Payables
Enterprise Fund	$ 4,319	$ 70,516	$ -	$ 5,555	$ 80,390
	-	-	-	-	-
Total payables	$ 4,319	$ 70,516	$ -	$ 5,555	$ 80,390

W. SUBSEQUENT EVENTS

These financial statements considered subsequent events through July 31, 2013, the date the financial statements were available to be issued.

X. SEGMENT INFORMATION & REPORTING FUNDS OF A BLENDED COMPONENT UNIT – NOT APPLICABLE

Y. DUE TO/DUE FROM AND TRANSFERS – NOT APPLICABLE

Z. LIABILITIES PAYABLE FROM RESTRICTED ASSETS – NOT APPLICABLE

AA. PRIOR-YEAR RESTATEMENT OF NET POSITION – NOT APPLICABLE

BB. ASSETS RESTRICTED BY ENABLING LEGISLATION (GASB 46) – NOT APPLICABLE

CC. IMPAIRMENT OF CAPITAL ASSETS & INSURANCE RECOVERIES – NOT APPLICABLE

DD. EMPLOYEE TERMINATION BENEFITS – NOT APPLICABLE

EE. POLLUTION REMEDIATION OBLIGATIONS – NOT APPLICABLE

FF. AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) – NOT APPLICABLE

GG. RESTRICTED ASSETS – OTHER SPECIFIC PURPOSES – NOT APPLICABLE

HH. SERVICE CONCESSION ARRANGEMENTS – NOT APPLICABLE

STATE OF LOUISIANA
LOUSIANA BOARD OF PHARMACY
SCHEDULE OF PER DIEM PAID TO BOARD MEMBERS
JUNE 30, 2013

Name	Amount
Carl Aron	$ 4,275
Jacqueline Hall	825
Marty McKay	2,775
Blake Pitre	1,800
Brian Bond	2,100
Chris Melancon	1,875
Rhonny Valentine	900
Richard Soileau	2,325
Ronald Moore	375
T. Morris Rabb	2,400
Joseph Adams	2,625
Clovis Burch	1,800
Pamela Reed	1,950
Richard Indovina	1,725
Ryan Dartez	600
Deborah Simonson	975
Don Resweber	1,650
Total	$ 30,975

Note: The per diem payments are authorized by Louisiana Revised Statute, and are presented in compliance with House Concurrent Resolution No. 54 of the 1979 Session of the Legislature.

SCHEDULE 1

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
SCHEDULE OF NOTES PAYABLE
JUNE 30, 2013

Issue	Date of Issue	Original Issue	Principal Outstanding 6/30/PY	Redeemed (Issued)	Principal Outstanding 6/30/CY	Interest Rates	Interest Outstanding 6/30/CY
OMNI	1-2-11	$1,300,000	$253,509	$-0-	$1,032,208	6.25%	$154,157
Total		$1,300,000	$253,509	$ -0-	$1,032,208	6.25%	$154,157

*Send copies of new amortization schedules

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
SCHEDULE OF BONDS PAYABLE
JUNE 30, 2013 – NOT APPLICABLE

Issue	Date of Issue	Original Issue	Principal Outstanding 6/30/PY	Redeemed (Issued)	Principal Outstanding 6/30/CY	Interest Rates	Interest Outstanding 6/30/CY
Series:							
_____	_____	$_____	$_____	$_____	$_____	_____	$_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Unamortized Discounts and Premiums Series:							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total		$_____	$_____	$_____	$_____		$_____

***Note: Principal outstanding (bond series minus unamortized costs) at 6/30/13 should agree to bonds payable on the statement of net position.**

Send copies of new amortization schedules for bonds and unamortized costs.

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
SCHEDULE OF CAPITAL LEASE AMORTIZATION
For The Year Ended June 30, 2013 –
NOT APPLICABLE

Fiscal Year Ending:	Payment	Interest	Principal	Balance
2014	$	$	$	$ --
2015				--
2016				--
2017				--
2018				--
2019-2023				--
2024-2028				--
2029-2033				--
2034-2038				--
Total	$ --	$ --	$ --	$ --

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
SCHEDULE OF NOTES PAYABLE AMORTIZATION
For the Year Ended June 30, 2013

Fiscal Year Ending:	Principal	Interest
2014	$ **71,153**	$ **63,368**
2015	**75,796**	**58,725**
2016	**885,259**	**32,064**
2017		
2018		
2019-2023		
2024-2028		
2029-2033		
2034-2038		
Total	$ 1,032,208	$ 154,157

STATE OF LOUISIANA
LOUISIANA BOARD OF PHARMACY
SCHEDULE OF BONDS PAYABLE AMORTIZATION
For The Year Ended June 30, 2013 –
NOT APPLICABLE

Fiscal Year Ending:	Principal	Interest
2014	$	$
2015		
2016		
2017		
2018		
2019		
2020		
2021		
2022		
2023		
2024		
2025		
2026		
2027		
2028		
2029		
2030		
2031		
2032		
2033		
2034		
2035		
2036		
2037		
2038		
Subtotal	--	--
Unamortized Discounts/Premiums		
Total	$ --	$ --

***Note: Principal outstanding (bond series plus minus unamortized costs) at 6/30/13 should agree to bonds payable on the statement of net position.**

STATE OF LOUISIANA

LOUISIANA BOARD OF PHARMACY

COMPARISON FIGURES

To assist OSRAP in determining the reason for the change in financial position for the State, please complete the schedule below. If the change is greater than **$5 million**, explain the reason for the change.

	2013	2012	Difference	Percentage Change
1) Revenues	$ 2,864,459	$ 2,802,572	$ 61,887	$ 2.16%
Expenses	2,575,984	2,783,636	(207,652)	(8.06%)
2) Capital assets	2,265,041	2,305,069	(40,208)	(1.78%)
Long-term debt	1,962,021	2,085,827	(123,806)	(6.31%)
Net position	3,225,349	2,936,873	288,476	8.94%

Explanation for change: _____

SCHEDULE 16 – COOPERATIVE ENDEAVORS
FOR THE YEAR ENDED JUNE 30, 2013 – NOT APPLICABLE

LOUISIANA BOARD OF PHARMACY

Contract Financial Management System #	Parties to the Coop	Brief Description of the Coop	Multi-year, One-Time, or Other Appropriation	Original Amount of Coop, Plus Amendments, if any	Date of Original Coop was Effective	End Date of Coop, as Amended, if Applicable	Funding Source per Coop Agreement based on Net Liability for the year ended June 30, 2013							Paid - Inception to Date for the year ended 6/30/2013	Net Liability for the year ended 6/30/2013
							100% State	100% SGR	100% Stat. Ded.	100% G.O. Bonds	100% Federal	100% IAT	100% Combination		
															0.00
															0.00
															0.00

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Multistate Pharmacy Jurisprudence Examination (MPJE™)

May 1 – August 30, 2013

School Reports
Interpretation of Scores
Frequency Distribution of Scaled Scores
Cumulative Record (since January 2000)

November 6, 2013

Multistate Pharmacy Jurisprudence Examination (MPJE™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in federal and state laws relative to pharmacy practice and is therefore specific for a given state. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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Multistate Pharmacy Jurisprudence Examination® (MPJE) ®
School Summary Report

Test Window: May 1, 2013 - August 31, 2013

School Name: University Louisiana Monroe

This MPJE score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.Tables 1 and 2 contain school-specific as well as national pass rate information.

Table 1 First Time Test Takers

School 1: Examinees testing in same state as respective college

School 2: Examinees testing in different states than respective college

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	39	97.44	82.77	5.03
School 2	54	98.15	82.59	5.10
State	234	91.88	81.03	4.50
National	14496	93.95	82.76	5.33

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Test Takers

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	40	95.00	82.50	5.25
School 2	54	98.15	82.59	5.10
State	253	90.51	80.82	4.59
National	15493	92.98	82.50	5.42

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Multistate Pharmacy Jurisprudence Examination® (MPJE)®
Candidate Summary Report

Test Window: May 1, 2013 - August 31, 2013

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
1	Pass	90	08/30/2013	05/11/2013	Y	LA
2	Fail	68	08/24/2013	05/11/2013	Y	LA
3	Pass	77	08/14/2013	05/11/2013	Y	LA
4	Pass	78	08/09/2013	05/11/2013	Y	LA
5	Pass	91	07/30/2013	05/11/2013	Y	TX
6	Pass	85	07/30/2013	05/11/2013	Y	TX
7	Pass	85	07/30/2013	05/11/2013	Y	LA
8	Pass	90	07/29/2013	05/11/2013	Y	WV
9	Pass	84	07/27/2013	05/11/2013	Y	LA
10	Pass	79	07/26/2013	05/11/2013	Y	LA
11	Pass	85	07/25/2013	05/11/2013	Y	MS
12	Pass	87	07/19/2013	05/11/2013	Y	LA
13	Pass	83	07/19/2013	05/11/2013	Y	LA
14	Pass	86	07/17/2013	05/11/2013	Y	LA
15	Pass	82	07/17/2013	05/11/2013	Y	LA
16	Pass	81	07/17/2013	05/11/2013	Y	LA
17	Pass	83	07/15/2013	05/11/2013	Y	LA
18	Pass	91	07/10/2013	05/11/2013	Y	LA
19	Pass	81	07/08/2013	05/11/2013	Y	TX
20	Pass	83	07/05/2013	05/11/2013	Y	TX
21	Pass	83	07/03/2013	05/11/2013	Y	LA
22	Pass	81	07/02/2013	05/11/2013	Y	LA
23	Pass	77	07/01/2013	05/11/2013	Y	LA
24	Pass	87	07/01/2013	05/11/2013	Y	LA
25	Pass	77	06/29/2013	05/11/2013	Y	LA
26	Pass	94	06/29/2013	05/11/2013	Y	LA
27	Pass	86	06/29/2013	05/11/2013	Y	LA
28	Pass	85	06/28/2013	05/11/2013	Y	FL
29	Pass	81	06/26/2013	05/11/2013	Y	LA
30	Pass	82	06/25/2013	05/11/2013	Y	LA
31	Pass	81	06/21/2013	05/11/2013	Y	LA
32	Pass	78	06/19/2013	05/11/2013	Y	LA
33	Pass	82	06/17/2013	05/11/2013	Y	LA
34	Pass	92	06/13/2013	05/11/2013	Y	LA
35	Pass	86	06/13/2013	05/11/2013	Y	LA
36	Pass	84	06/13/2013	05/11/2013	Y	LA
37	Pass	90	06/13/2013	05/11/2013	Y	LA
38	Pass	81	06/11/2013	05/11/2013	Y	KS
39	Pass	79	06/08/2013	05/11/2013	Y	LA
40	Pass	86	06/08/2013	05/11/2013	Y	LA
41	Pass	80	05/22/2013	05/11/2013	Y	LA
42	Pass	83	06/01/2013	05/10/2013	Y	LA
43	Pass	91	07/02/2013	05/19/2012	Y	TX
44	Pass	75	06/15/2013	05/19/2012	Y	MN

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
45	Pass	79	06/03/2013	05/19/2012	Y	TX
46	Pass	78	06/03/2013	05/19/2012	Y	MN
47	Pass	76	05/17/2013	05/19/2012	Y	LA
48	Pass	85	05/10/2013	05/19/2012	Y	LA
49	Fail	72	05/16/2013	05/18/2012	N	LA
50	Pass	94	08/20/2013	05/21/2011	Y	MS
51	Pass	85	08/09/2013	05/21/2011	Y	TX
52	Pass	78	06/06/2013	05/21/2011	Y	TN
53	Pass	91	05/21/2013	05/21/2011	Y	TX
54	Pass	86	07/06/2013	05/20/2011	Y	TN
55	Pass	79	07/30/2013	05/22/2010	Y	IA
56	Pass	80	08/12/2013	05/19/2007	Y	TX
57	Pass	84	07/18/2013	05/19/2007	Y	MS
58	Fail	74	07/01/2013	05/19/2007	Y	MA
59	Pass	82	08/12/2013	12/16/2006	Y	MS
60	Pass	92	08/12/2013	05/01/2005	Y	KY
61	Pass	75	06/13/2013	05/01/2005	Y	MS
62	Pass	84	06/10/2013	05/01/2005	Y	OK
63	Pass	82	05/29/2013	05/01/2005	Y	MS
64	Pass	83	08/21/2013	12/01/1998	Y	TN
65	Pass	84	07/31/2013	12/01/1998	Y	OR
66	Pass	80	06/18/2013	12/01/1998	Y	KY
67	Pass	88	06/11/2013	12/01/1998	Y	MD
68	Pass	80	07/26/2013	12/01/1997	Y	TX
69	Pass	88	06/21/2013	05/18/1996	Y	MS
70	Pass	86	05/16/2013	12/16/1995	Y	WA
71	Pass	85	05/01/2013	05/27/1995	Y	LA
72	Pass	80	08/13/2013	05/20/1995	Y	ID
73	Pass	78	06/21/2013	05/20/1995	Y	TN
74	Pass	79	06/07/2013	05/20/1995	Y	LA
75	Pass	80	05/17/2013	05/20/1995	Y	NE
76	Pass	79	05/02/2013	05/20/1995	Y	AZ
77	Pass	78	05/20/2013	12/18/1993	Y	TN
78	Pass	82	07/29/2013	05/31/1991	Y	TN
79	Pass	76	07/12/2013	05/31/1991	Y	KY
80	Pass	78	08/06/2013	05/01/1991	Y	TX
81	Pass	80	07/30/2013	05/18/1990	Y	LA
82	Pass	85	07/29/2013	05/13/1988	Y	AZ
83	Pass	83	06/10/2013	05/13/1988	Y	NM
84	Pass	76	06/06/2013	08/20/1987	Y	MS
85	Pass	83	08/16/2013	08/17/1984	Y	MD
86	Pass	90	05/02/2013	05/13/1983	Y	MS
87	Pass	89	08/26/2013	12/19/1982	Y	AL
88	Pass	78	07/12/2013	12/10/1980	Y	MD

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
89	Pass	75	05/21/2013	08/18/1978	Y	KY
90	Pass	80	08/24/2013	08/15/1975	Y	OK
91	Pass	82	07/16/2013	05/25/1975	Y	WA
92	Pass	92	06/24/2013	05/25/1975	Y	ID
93	Pass	81	06/20/2013	05/25/1975	Y	OR
94	Pass	76	07/29/2013	05/20/1972	Y	AL

National Statistics for All Candidates

Mean Scaled Score:	**82.50**
Standard Deviation:	**5.42**
Range:	**51 - 100**
Passing Rate (%):	**92.98**

National Statistics for First-Time Candidates

Mean Scaled Score:	**82.76**
Standard Deviation:	**5.33**
Range:	**62 - 100**
Passing Rate (%):	**93.95**

The following tables are scaled score frequency distributions for MPJE® candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 15493)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	1	0.0%
55 - 59	0	0.0%
60 - 64	19	0.1%
65 - 69	131	1.0%
70 - 74	936	7.0%
75 - 79	3332	28.5%
80 - 84	5628	64.8%
85 - 89	3977	90.5%
90 - 94	1235	98.5%
95 - 100	234	100.0%

National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 14496)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	0	0.0%
55 - 59	0	0.0%
60 - 64	13	0.1%
65 - 69	96	0.8%
70 - 74	768	6.0%
75 - 79	2995	26.7%
80 - 84	5302	63.3%
85 - 89	3865	89.9%
90 - 94	1223	98.4%
95 - 100	234	100.0%

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2000		*2001*		*2002*		*2003*	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	125	82	100	57	59	123	77	119
School Average Score:	83.27	82.76	80.84	81.37	80.17	80.41	78.57	80.04
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	90.78	79.85	79.92	79.33
School Pass Rate:	94.40	91.46	90.00	91.23	88.14	88.62	77.92	88.24
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	117	78	92	51	55	111	59	110
School Average Score:	83.67	83.14	80.89	81.78	80.22	80.58	79.31	80.22
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	96.58	93.59	90.22	90.20	89.09	88.29	81.36	88.18
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2004		*2005*		*2006*		*2007*	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	62	110	59	146	68	111	50	151
School Average Score:	79.39	80.79	79.25	80.50	80.43	81.92	80.20	81.62
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	91.94	91.82	89.83	87.67	88.24	92.79	90.00	92.05
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	52	104	55	132	60	102	43	140
School Average Score:	79.73	80.96	79.33	80.66	80.80	82.14	81.05	81.83
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	92.31	92.31	89.09	87.12	91.67	94.12	95.35	93.57
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2008		*2009*			*2010*			*2011*		
	Jan - Jun	Jul - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP											
No. of Candidates	61	137	42	120	36	38	104	35	5	71	12
Mean Scaled Score - School	81.26	81.99	80.95	82.58	80.75	81.47	82.14	81.89	82.60	82.73	83.83
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	96.72	91.97	88.10	95.00	86.11	94.74	90.38	91.43	100.00	97.18	100.00
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.09	94.83	89.35	86.43	92.17	86.24
FIRST-TIME CANDIDATE GROUP											
No. of Candidates	58	127	37	117	34	34	96	30	5	66	11
Mean Scaled Score - School	81.52	82.13	81.30	82.56	81.09	82.12	82.67	82.33	82.60	83.08	84.18
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	96.55	91.34	89.19	94.87	88.24	97.06	93.75	93.33	100.00	100.00	100.00
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.79	92.24	96.05	94.00

Multistate Pharmacy Jurisprudence Examination (MPJE)

University of Louisiana at Monroe

	2012			2013			2014			2015		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	4	126	87	47	94							
** testing in same/different state*		72 / 54	11 / 34	11 / 36	40 / 54							
Mean Scale Score - School *	82.25	82.44/82.70	80.09/79.85	81.45/84.03	82.50/82.59							
** testing in same/different state*												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82							
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50							
School Pass Rate: *	100.00	97.22/90.74	90.91/85.29	100.00/97.22	95.00/98.15							
** testing in same/different state*												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51							
National Pass Rate:	84.54	92.76	86.85	87.18	92.98							
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	4	124	70	44	93							
** testing in same/different state*		72 / 52	10 / 29	10 / 34	39 / 54							
Mean Scaled Score - School *	82.25	82.44/83.02	80.62/79.90	81.80/84.26	82.77/82.59							
** testing in same/different state*												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03							
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76							
School Pass Rate: *	100.00	97.22/92.31	89.66/90.00	100.00/97.06	97.44/98.15							
** testing in same/different state*												
State Pass Rate:	93.22	91.03	85.71	97..22	91.88							
National Pass Rate:	89.13	93.94	89.60	91.08	93.95							

Multistate Pharmacy Jurisprudence Examination® (MPJE) ®
School Summary Report

Test Window: May 1, 2013 - August 31, 2013

School Name: Xavier University of Louisiana

This MPJE score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.Tables 1 and 2 contain school-specific as well as national pass rate information.

Table 1 First Time Test Takers

School 1: Examinees testing in same state as respective college

School 2: Examinees testing in different states than respective college

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	89	87.64	79.66	4.11
School 2	82	82.93	79.94	4.97
State	234	91.88	81.03	4.50
National	14496	93.95	82.76	5.33

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Test Takers

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation
School 1	95	85.26	79.46	4.17
School 2	93	81.72	79.55	5.04
State	253	90.51	80.82	4.59
National	15493	92.98	82.50	5.42

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Multistate Pharmacy Jurisprudence Examination® (MPJE)®
Candidate Summary Report

Test Window: May 1, 2013 - August 31, 2013

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
1	Pass	76	08/30/2013	06/29/2013	Y	LA
2	Fail	74	08/24/2013	06/28/2013	Y	LA
3	Fail	74	08/06/2013	05/13/2013	Y	LA
4	Pass	84	08/30/2013	05/11/2013	Y	LA
5	Fail	74	08/30/2013	05/11/2013	Y	LA
6	Pass	81	08/30/2013	05/11/2013	Y	LA
7	Pass	92	08/30/2013	05/11/2013	Y	TX
8	Pass	77	08/29/2013	05/11/2013	Y	TX
9	Pass	76	08/29/2013	05/11/2013	Y	LA
10	Pass	85	08/29/2013	05/11/2013	Y	PA
11	Pass	80	08/27/2013	05/11/2013	Y	LA
12	Pass	82	08/27/2013	05/11/2013	Y	LA
13	Fail	72	08/27/2013	05/11/2013	Y	TX
14	Pass	75	08/26/2013	05/11/2013	Y	LA
15	Pass	82	08/26/2013	05/11/2013	N	LA
16	Pass	80	08/21/2013	05/11/2013	Y	MS
17	Pass	82	08/20/2013	05/11/2013	Y	LA
18	Fail	73	08/19/2013	05/11/2013	Y	IL
19	Fail	74	08/19/2013	05/11/2013	Y	LA
20	Pass	78	08/17/2013	05/11/2013	Y	TX
21	Fail	72	08/17/2013	05/11/2013	Y	TX
22	Pass	82	08/17/2013	05/11/2013	Y	TX
23	Pass	84	08/17/2013	05/11/2013	Y	NC
24	Pass	89	08/16/2013	05/11/2013	Y	LA
25	Pass	83	08/16/2013	05/11/2013	Y	LA
26	Pass	78	08/15/2013	05/11/2013	Y	TX
27	Fail	73	08/14/2013	05/11/2013	Y	MS
28	Pass	79	08/13/2013	05/11/2013	Y	LA
29	Pass	76	08/13/2013	05/11/2013	Y	MS
30	Pass	82	08/13/2013	05/11/2013	Y	TX
31	Pass	79	08/13/2013	05/11/2013	Y	LA
32	Pass	77	08/13/2013	05/11/2013	Y	LA
33	Pass	79	08/13/2013	05/11/2013	Y	LA
34	Pass	82	08/13/2013	05/11/2013	Y	LA
35	Pass	82	08/13/2013	05/11/2013	Y	LA
36	Fail	73	08/13/2013	05/11/2013	Y	AL
37	Fail	72	08/12/2013	05/11/2013	Y	LA
38	Pass	75	08/12/2013	05/11/2013	Y	LA
39	Pass	78	08/12/2013	05/11/2013	Y	LA
40	Pass	78	08/12/2013	05/11/2013	Y	LA
41	Pass	79	08/12/2013	05/11/2013	Y	TX
42	Pass	80	08/12/2013	05/11/2013	Y	LA
43	Pass	77	08/10/2013	05/11/2013	Y	AL
44	Pass	87	08/09/2013	05/11/2013	Y	TX

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
45	Pass	85	08/09/2013	05/11/2013	Y	TX
46	Pass	76	08/08/2013	05/11/2013	Y	LA
47	Pass	78	08/08/2013	05/11/2013	Y	MS
48	Pass	87	08/08/2013	05/11/2013	Y	LA
49	Pass	80	08/07/2013	05/11/2013	Y	TX
50	Pass	86	08/07/2013	05/11/2013	Y	MS
51	Pass	80	08/06/2013	05/11/2013	Y	TN
52	Pass	82	08/06/2013	05/11/2013	Y	LA
53	Pass	84	08/06/2013	05/11/2013	Y	TX
54	Pass	87	08/06/2013	05/11/2013	Y	MS
55	Pass	80	08/06/2013	05/11/2013	Y	LA
56	Pass	77	08/05/2013	05/11/2013	Y	MS
57	Fail	68	08/05/2013	05/11/2013	Y	LA
58	Pass	83	08/05/2013	05/11/2013	Y	LA
59	Pass	81	08/03/2013	05/11/2013	Y	TX
60	Pass	80	07/31/2013	05/11/2013	Y	LA
61	Pass	80	07/31/2013	05/11/2013	Y	LA
62	Pass	78	07/30/2013	05/11/2013	Y	LA
63	Pass	81	07/30/2013	05/11/2013	Y	LA
64	Pass	77	07/30/2013	05/11/2013	Y	LA
65	Pass	83	07/30/2013	05/11/2013	Y	TX
66	Pass	81	07/30/2013	05/11/2013	Y	LA
67	Pass	86	07/30/2013	05/11/2013	Y	LA
68	Pass	83	07/30/2013	05/11/2013	Y	LA
69	Fail	74	07/30/2013	05/11/2013	Y	LA
70	Pass	75	07/27/2013	05/11/2013	Y	LA
71	Pass	76	07/27/2013	05/11/2013	Y	LA
72	Pass	80	07/27/2013	05/11/2013	Y	FL
73	Pass	84	07/26/2013	05/11/2013	Y	LA
74	Pass	85	07/26/2013	05/11/2013	Y	LA
75	Pass	77	07/26/2013	05/11/2013	Y	LA
76	Pass	77	07/26/2013	05/11/2013	Y	LA
77	Pass	81	07/26/2013	05/11/2013	Y	LA
78	Pass	85	07/26/2013	05/11/2013	Y	LA
79	Pass	82	07/25/2013	05/11/2013	Y	MS
80	Pass	79	07/25/2013	05/11/2013	Y	LA
81	Pass	82	07/25/2013	05/11/2013	Y	LA
82	Pass	83	07/25/2013	05/11/2013	Y	LA
83	Pass	81	07/25/2013	05/11/2013	Y	LA
84	Pass	81	07/25/2013	05/11/2013	Y	LA
85	Pass	75	07/25/2013	05/11/2013	Y	LA
86	Pass	83	07/25/2013	05/11/2013	Y	LA
87	Pass	84	07/25/2013	05/11/2013	Y	LA
88	Pass	82	07/25/2013	05/11/2013	Y	RI

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
89	Pass	80	07/23/2013	05/11/2013	Y	TX
90	Pass	77	07/22/2013	05/11/2013	Y	LA
91	Fail	74	07/22/2013	05/11/2013	Y	LA
92	Pass	83	07/22/2013	05/11/2013	Y	LA
93	Pass	86	07/20/2013	05/11/2013	Y	LA
94	Pass	82	07/20/2013	05/11/2013	Y	MS
95	Pass	77	07/20/2013	05/11/2013	Y	LA
96	Pass	78	07/19/2013	05/11/2013	Y	IN
97	Pass	85	07/18/2013	05/11/2013	Y	LA
98	Pass	83	07/18/2013	05/11/2013	Y	NC
99	Pass	81	07/16/2013	05/11/2013	Y	TX
100	Pass	85	07/15/2013	05/11/2013	Y	TX
101	Pass	81	07/15/2013	05/11/2013	Y	MS
102	Pass	79	07/15/2013	05/11/2013	Y	LA
103	Pass	81	07/15/2013	05/11/2013	Y	LA
104	Pass	78	07/13/2013	05/11/2013	Y	LA
105	Pass	78	07/12/2013	05/11/2013	Y	LA
106	Pass	79	07/12/2013	05/11/2013	Y	LA
107	Pass	87	07/12/2013	05/11/2013	Y	TX
108	Pass	85	07/12/2013	05/11/2013	Y	LA
109	Pass	75	07/11/2013	05/11/2013	Y	LA
110	Pass	82	07/08/2013	05/11/2013	Y	LA
111	Pass	83	07/08/2013	05/11/2013	Y	AL
112	Fail	72	07/08/2013	05/11/2013	Y	LA
113	Pass	93	07/06/2013	05/11/2013	Y	TX
114	Pass	79	07/05/2013	05/11/2013	Y	LA
115	Pass	82	07/05/2013	05/11/2013	Y	LA
116	Pass	85	07/01/2013	05/11/2013	Y	LA
117	Pass	85	06/28/2013	05/11/2013	Y	LA
118	Pass	84	06/25/2013	05/11/2013	Y	LA
119	Pass	86	06/25/2013	05/11/2013	Y	LA
120	Pass	80	06/24/2013	05/11/2013	Y	LA
121	Pass	81	06/13/2013	05/11/2013	Y	LA
122	Pass	81	06/04/2013	05/11/2013	Y	LA
123	Pass	80	07/31/2013	08/04/2012	Y	LA
124	Pass	78	08/13/2013	05/12/2012	Y	OR
125	Pass	87	08/10/2013	05/12/2012	Y	TX
126	Pass	78	07/29/2013	05/12/2012	N	MS
127	Pass	84	07/15/2013	05/12/2012	Y	MS
128	Fail	73	07/03/2013	05/12/2012	Y	MS
129	Fail	69	06/25/2013	05/12/2012	Y	MS
130	Pass	79	06/24/2013	05/12/2012	Y	TX
131	Pass	75	06/17/2013	05/12/2012	N	MS
132	Fail	74	06/15/2013	05/12/2012	Y	TX

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
133	Pass	81	06/06/2013	05/12/2012	Y	TX
134	Fail	73	05/29/2013	05/12/2012	N	LA
135	Fail	73	05/09/2013	05/12/2012	Y	LA
136	Fail	74	05/02/2013	05/12/2012	N	LA
137	Pass	81	07/13/2013	07/30/2011	Y	GA
138	Fail	72	08/30/2013	05/07/2011	Y	TX
139	Pass	80	08/01/2013	05/07/2011	N	TX
140	Pass	85	06/24/2013	05/07/2011	Y	TX
141	Pass	76	06/13/2013	05/07/2011	Y	TX
142	Pass	82	06/06/2013	05/07/2011	N	TX
143	Pass	85	05/29/2013	05/07/2011	Y	MD
144	Fail	74	05/08/2013	05/07/2011	Y	TX
145	Pass	84	05/04/2013	05/07/2011	Y	TX
146	Pass	77	08/30/2013	05/08/2010	Y	GA
147	Pass	76	07/25/2013	05/08/2010	Y	KY
148	Pass	85	07/03/2013	05/08/2010	N	NM
149	Pass	82	05/21/2013	05/08/2010	Y	LA
150	Fail	71	05/13/2013	05/08/2010	Y	TX
151	Pass	76	05/13/2013	05/08/2010	Y	LA
152	Pass	75	05/09/2013	05/08/2010	Y	NE
153	Pass	85	05/06/2013	05/08/2010	Y	TX
154	Pass	80	05/02/2013	05/08/2010	N	LA
155	Pass	83	08/12/2013	05/09/2009	Y	MD
156	Pass	84	07/13/2013	05/10/2008	Y	NY
157	Pass	82	06/29/2013	05/10/2008	Y	LA
158	Pass	79	08/28/2013	03/10/2008	N	TX
159	Pass	75	08/14/2013	05/12/2007	Y	IN
160	Pass	77	08/07/2013	05/12/2007	Y	TX
161	Pass	80	07/05/2013	05/20/2006	Y	GA
162	Pass	88	05/07/2013	05/20/2006	Y	AL
163	Pass	86	07/25/2013	05/01/2005	Y	LA
164	Pass	82	07/17/2013	05/01/2005	Y	MS
165	Pass	79	05/17/2013	05/01/2005	N	LA
166	Pass	80	05/02/2013	05/01/2005	Y	LA
167	Fail	74	05/03/2013	05/08/2004	Y	MD
168	Pass	76	06/08/2013	05/16/2003	N	FL
169	Fail	74	05/06/2013	05/16/2003	Y	FL
170	Pass	86	08/07/2013	05/15/2001	Y	MS
171	Pass	82	05/16/2013	05/01/2001	Y	TN
172	Pass	75	08/30/2013	05/01/1999	Y	MI
173	Pass	76	08/13/2013	05/01/1999	Y	LA
174	Pass	81	07/06/2013	05/01/1999	Y	HI
175	Pass	76	06/28/2013	05/01/1999	Y	NC
176	Pass	83	08/03/2013	06/10/1998	Y	CO

	Pass/Fail	Total Scaled Score	Test Date	Graduation Date	First Attempt	State
177	Fail	72	08/13/2013	05/01/1998	N	WA
178	Pass	80	05/08/2013	05/10/1997	Y	FL
179	Pass	83	08/26/2013	05/11/1996	Y	GA
180	Pass	82	08/12/2013	05/12/1995	Y	NC
181	Fail	70	06/06/2013	05/10/1995	N	MS
182	Pass	76	08/02/2013	12/14/1992	Y	MS
183	Fail	70	08/22/2013	05/10/1989	N	AZ
184	Fail	71	05/28/2013	05/10/1989	Y	TN
185	Pass	79	06/05/2013	05/18/1986	Y	TN
186	Pass	76	07/31/2013	06/15/1977	N	MS
187	Fail	71	07/25/2013	05/20/1973	N	LA
188	Fail	72	06/22/2013	05/20/1973	Y	LA

National Statistics for All Candidates

Mean Scaled Score:	**82.50**
Standard Deviation:	**5.42**
Range:	**51 - 100**
Passing Rate (%):	**92.98**

National Statistics for First-Time Candidates

Mean Scaled Score:	**82.76**
Standard Deviation:	**5.33**
Range:	**62 - 100**
Passing Rate (%):	**93.95**

The following tables are scaled score frequency distributions for MPJE® candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 15493)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	1	0.0%
55 - 59	0	0.0%
60 - 64	19	0.1%
65 - 69	131	1.0%
70 - 74	936	7.0%
75 - 79	3332	28.5%
80 - 84	5628	64.8%
85 - 89	3977	90.5%
90 - 94	1235	98.5%
95 - 100	234	100.0%

National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 14496)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	0	0.0%
20 - 24	0	0.0%
25 - 29	0	0.0%
30 - 34	0	0.0%
35 - 39	0	0.0%
40 - 44	0	0.0%
45 - 49	0	0.0%
50 - 54	0	0.0%
55 - 59	0	0.0%
60 - 64	13	0.1%
65 - 69	96	0.8%
70 - 74	768	6.0%
75 - 79	2995	26.7%
80 - 84	5302	63.3%
85 - 89	3865	89.9%
90 - 94	1223	98.4%
95 - 100	234	100.0%

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2000		*2001*		*2002*		*2003*	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	25	94	53	126	43	122	71	158
School Average Score:	78.92	78.90	77.43	79.86	79.12	78.18	76.75	77.99
State Average Score:	81.64	80.49	80.64	80.32	80.34	79.41	77.32	78.87
National Average Score:	82.24	81.75	82.25	81.51	81.72	79.85	79.92	79.33
School Pass Rate:	80.00	80.85	69.81	88.10	81.40	77.05	67.61	75.95
State Pass Rate:	89.89	86.25	87.84	90.00	92.00	85.98	72.88	84.67
National Pass Rate:	91.37	90.50	91.22	90.54	90.78	84.93	84.52	82.61
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	23	86	38	107	38	102	53	122
School Average Score:	79.04	79.01	77.58	79.92	79.58	78.18	77.04	78.48
State Average Score:	82.14	80.97	80.67	80.51	80.30	79.41	77.69	79.23
National Average Score:	82.55	82.05	82.59	81.86	82.08	80.19	80.34	79.76
School Pass Rate:	78.26	80.23	71.05	86.92	86.84	78.43	71.70	78.69
State Pass Rate:	92.59	87.32	88.06	89.77	91.49	86.32	75.00	86.55
National Pass Rate:	92.57	91.37	92.45	91.75	92.15	86.45	86.58	84.67

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2004		*2005*		*2006*		*2007*	
	Jan - Jun	Jul - Dec	Jan - Jun	Jul - Dec	Jan - Jur	Jul - Dec	Jan - Jun	Jul - Dec
TOTAL CANDIDATE GROUP								
No. of Candidates	66	123	82	135	139	181	77	169
School Average Score:	77.36	78.64	78.06	78.96	79.04	79.82	78.47	79.76
State Average Score:	78.58	80.03	80.50	80.03	80.01	81.34	80.15	81.47
National Average Score:	80.10	79.83	80.39	80.04	80.68	80.42	81.26	81.14
School Pass Rate:	78.79	80.49	76.83	82.22	87.77	86.19	77.92	87.57
State Pass Rate:	86.90	92.55	90.55	87.03	91.09	92.39	87.18	90.39
National Pass Rate:	85.63	84.75	86.57	85.69	87.25	87.82	89.38	89.78
FIRST-TIME CANDIDATE GROUP								
No. of Candidates	56	101	63	121	121	156	62	154
School Average Score:	77.73	79.19	78.57	79.36	79.14	80.27	79.47	80.03
State Average Score:	79.04	80.11	80.71	80.29	80.24	81.52	80.59	81.84
National Average Score:	80.58	80.25	80.80	80.44	81.09	80.80	81.72	81.51
School Pass Rate:	80.36	84.16	79.37	85.12	87.60	89.10	85.48	88.96
State Pass Rate:	90.14	92.53	91.38	88.69	92.31	93.53	91.18	92.49
National Pass Rate:	88.16	86.87	88.51	87.51	89.41	89.34	91.43	91.24

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2008		*2009*			*2010*			*2011*		
	Jan - Jun	Jul - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec	Jan - Ap	May - Aug	Sep - Dec
TOTAL CANDIDATE GROUP											
No. of Candidates	55	208	63	162	68	42	160	83	10	77	44
Mean Scaled Score - School	78.25	79.49	78.03	80.20	78.10	78.93	79.89	78.17	76.50	79.32	78.93
Mean Scaled Score - State	81.33	81.34	79.57	81.69	80.35	81.37	80.88	81.64		81.01	80.41
Mean Scaled Score - National	81.59	81.27	80.29	82.39	80.25	80.45	82.51	80.57	80.27	82.23	80.46
School Pass Rate:	80	83.17	74.60	88.27	77.94	80.95	88.75	78.31	70.00	81.82	81.82
State Pass Rate:	91.75	91.05	81.03	94.52	85.92	90.00	92.64	95.79		89.91	90.99
National Pass Rate:	90.31	89.92	86.23	93.74	87.04	89.08	94.83	89.35	86.43	92.17	86.24
FIRST-TIME CANDIDATE GROUP											
No. of Candidates	45	181	44	150	47	32	157	61	7	67	29
Mean Scaled Score - School	79.02	79.71	78.55	80.35	78.79	79.66	79.95	78.48	78.14	79.84	80.14
Mean Scaled Score - State	81.53	81.62	79.69	81.76	80.98	82.07	80.93	82.07		81.52	81.14
Mean Scaled Score - National	81.97	81.57	80.75	82.58	80.63	80.82	82.67	80.94	81.17	82.86	81.76
School Pass Rate:	88.89	85.64	79.55	88.67	82.98	84.38	89.17	78.69	85.71	86.57	89.66
State Pass Rate:	92.31	91.95	80.77	94.34	89.66	93.44	92.92	97.56		94.06	94.32
National Pass Rate:	91.82	91.16	88.45	94.30	88.68	90.64	95.50	90.89	92.24	96.05	94.00

Multistate Pharmacy Jurisprudence Examination (MPJE)

Xavier College of Pharmacy

	2012			2013			2014			2015		
	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep - Dec	Jan - Apr	May - Aug	Sep -Doc
TOTAL CANDIDATE GROUP												
No. of Candidates	13	181	87	53	188							
** testing in same/different state*		94 / 87	23 / 65	6 / 47	95 / 93							
Mean Scaled Score - School *	79.69	79.27/78.48	76.96/79.95	78.17/79.09	79.46/79.55							
** testing in same/different state*												
Mean Scaled Score - State	81.18	80.91	79.62	81.33	80.82							
Mean Scaled Score - National	80.41	82.43	80.55	80.92	82.50							
School Pass Rate: *	84.62	84.04/81.61	60.87/86.15	83.33/76.60	85.26/81.72							
** testing in same/different state*												
State Pass Rate:	90.41	90.69	81.61	93.98	90.51							
National Pass Rate:	84.54	92.76	86.85	87.18	92.98							
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	9	163	70	43	171							
** testing in same/different state*		87 / 76	11 / 54	3 / 40	89 / 82							
Mean Scaled Score - School *	79.78	79.34/78.70	77.55/80.57	81.33/79.38	79.66/79.94							
** testing in same/different state*												
Mean Scaled Score - State	81.75	81.03	80.21	81.90	81.03							
Mean Scaled Score - National	81.44	82.75	81.26	81.78	82.76							
School Pass Rate: *	88.89	83.91/84.24	63.64/87.04	100.00/77.50	87.64/82.93							
** testing in same/different state*												
State Pass Rate:	93.22	91.03	85.71	97.22	91.88							
National Pass Rate:	89.13	93.94	89.60	91.08	93.95							

Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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North American Pharmacist Licensure Examination (NAPLEX™)

May 1 – August 30, 2013

School Reports
Interpretation of Scores
Frequency Distribution of Scaled Scores
Cumulative Record (since January 2000)

November 6, 2013

North American Pharmacist Licensure Examination (NAPLEX™)

This computer adaptive competency assessment is administered by the National Association of Boards of Pharmacy (NABP). The examination blueprint is designed to assess the applicant's competency in basic pharmacy practice and is recognized by pharmacy regulatory authorities in all of the states and territories within the USA. The examination is administered via an open window process; applicants may schedule the examination at a local testing center at any time following approval by the state board and receipt of an Authorization to Test (ATT) document from NABP. Individual scores are available to applicants via secure web posting approximately 7-10 days following the examination. Summary reports are provided to the state boards on a calendar trimester basis.

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North American Pharmacist Licensure Examination® (NAPLEX) ®
School Summary Report

Test Window: May 1, 2013 - August 31, 2013

School Name: University Louisiana Monroe

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

- Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
- Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
- Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	38	92.11	101.68	14.29	12.42	1.24	12.42	1.15	12.68	1.32
State	152	94.08	99.30	14.59	12.36	1.15	12.07	1.22	12.28	1.54
National	11828	96.57	104.02	14.32	12.67	1.15	12.53	1.26	12.86	1.67

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	40	90.00	100.45	16.33	12.35	1.33	12.33	1.21	12.63	1.31
State	156	92.95	98.66	15.32	12.32	1.18	12.03	1.24	12.24	1.55
National	12336	94.65	102.78	15.84	12.60	1.21	12.45	1.31	12.76	1.73

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2012). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

Reference Table 3 NAPLEX
Mean Area Score Summary (2012) by Quartiles

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.82	12.91	12.22	11.29
Mean Area 2 Scaled Score	13.83	12.83	12.18	11.22
Mean Area 3 Scaled Score	14.33	13.34	12.74	11.86
Mean Overall Scaled Score	119.72	109.26	100.15	84.05
Scaled Score Range	[114, 137]	[105, 113]	[95, 104]	[10, 94]
# Examinees per bin	3,171	3,172	3,171	3,171

In the quartile table (above), the mean overall scaled score for the bottom quartile is 84.05 which is greater than the NAPLEX passing threshold of 75. Because the set of overall scaled scores is not normally distributed, the scores and subsequent interpretations should be evaluated carefully.

Reference Table 4 NAPLEX
Mean Area Score Summary (2012) by Pass/Fail Status

	Pass	Fail
Mean Area 1 Scaled Score	12.64	10.26
Mean Area 2 Scaled Score	12.60	10.25
Mean Area 3 Scaled Score	13.15	10.81
Mean Overall Scaled Score	104.72	64.05
Scaled Score Range	[75, 137]	[10, 74]
# Examinees per bin	12,243	443

Table 5 North American Pharmacist Licensure Examination® (NAPLEX) ®
Candidate Summary Report

Test Window: May 1, 2013 - August 31, 2013

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	94	12	13	10	08/09/2013	05/11/2013	Y
2	Pass	116	14	12	14	07/30/2013	05/11/2013	Y
3	Pass	104	12	13	12	07/26/2013	05/11/2013	Y
4	Pass	86	11	11	14	07/26/2013	05/11/2013	Y
5	Fail	71	11	10	11	07/26/2013	05/11/2013	Y
6	Pass	98	12	12	14	07/25/2013	05/11/2013	Y
7	Pass	104	12	12	15	07/20/2013	05/11/2013	Y
8	Pass	91	12	11	11	07/19/2013	05/11/2013	Y
9	Pass	104	12	13	14	07/12/2013	05/11/2013	Y
10	Pass	105	12	13	13	07/11/2013	05/11/2013	Y
11	Pass	104	13	12	13	07/11/2013	05/11/2013	Y
12	Fail	67	10	12	10	07/11/2013	05/11/2013	Y
13	Pass	106	13	11	13	07/11/2013	05/11/2013	Y
14	Pass	93	12	12	11	07/09/2013	05/11/2013	Y
15	Pass	111	13	13	14	07/09/2013	05/11/2013	Y
16	Pass	90	11	12	12	07/06/2013	05/11/2013	Y
17	Pass	88	11	12	12	07/05/2013	05/11/2013	Y
18	Pass	85	11	12	10	07/03/2013	05/11/2013	Y
19	Pass	97	12	12	12	07/03/2013	05/11/2013	Y
20	Pass	104	12	13	13	06/28/2013	05/11/2013	Y
21	Fail	72	11	10	11	06/28/2013	05/11/2013	Y
22	Pass	101	12	13	14	06/28/2013	05/11/2013	Y
23	Pass	99	11	13	13	06/25/2013	05/11/2013	Y
24	Pass	124	15	14	13	06/24/2013	05/11/2013	Y
25	Pass	120	15	14	13	06/24/2013	05/11/2013	Y
26	Pass	101	12	13	12	06/24/2013	05/11/2013	Y
27	Pass	99	12	11	15	06/21/2013	05/11/2013	Y
28	Pass	111	13	13	12	06/20/2013	05/11/2013	Y
29	Pass	115	13	14	13	06/13/2013	05/11/2013	Y
30	Pass	96	12	11	13	06/13/2013	05/11/2013	Y
31	Pass	117	14	13	14	06/11/2013	05/11/2013	Y
32	Pass	93	12	11	12	06/08/2013	05/11/2013	Y
33	Pass	118	14	13	13	06/08/2013	05/11/2013	Y
34	Pass	122	14	14	13	06/06/2013	05/11/2013	Y
35	Pass	124	15	14	14	06/05/2013	05/11/2013	Y
36	Pass	106	12	13	13	06/03/2013	05/11/2013	Y
37	Pass	107	13	12	12	06/01/2013	05/11/2013	Y
38	Pass	121	14	15	14	05/30/2013	05/10/2013	Y
39	Pass	106	13	11	12	05/17/2013	05/19/2012	N
40	Fail	48	9	10	11	05/17/2013	05/18/2012	N

National Statistics for All NAPLEX Candidates

Mean Scaled Score:	**102.78**
Standard Deviation:	**15.84**
Range:	**0 - 138**
Passing Rate (%):	**94.65**

National Statistics for First-Time NAPLEX Candidates

Mean Scaled Score:	**104.02**
Standard Deviation:	**14.32**
Range:	**16 - 138**
Passing Rate (%):	**96.57**

The following tables are scaled score frequency distributions for NAPLEX candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 12336)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	1	0.0%
5 - 9	0	0.0%
10 - 14	1	0.0%
15 - 19	4	0.0%
20 - 24	3	0.1%
25 - 29	4	0.1%
30 - 34	13	0.2%
35 - 39	12	0.3%
40 - 44	22	0.5%
45 - 49	26	0.7%
50 - 54	40	1.0%
55 - 59	68	1.6%
60 - 64	105	2.4%
65 - 69	137	3.5%
70 - 74	210	5.2%
75 - 79	322	7.9%
80 - 84	527	12.1%
85 - 89	707	17.9%
90 - 94	982	25.8%
95 - 99	1245	35.9%
100 - 104	1547	48.5%
105 - 109	1674	62.1%
110 - 114	1673	75.7%
115 - 119	1484	87.7%
120 - 124	987	95.7%
125 - 129	438	99.3%
130 - 134	86	100.0%
135 - 139	4	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 11828)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	2	0.0%
20 - 24	1	0.0%
25 - 29	0	0.0%
30 - 34	4	0.1%
35 - 39	5	0.1%
40 - 44	1	0.1%
45 - 49	9	0.2%
50 - 54	17	0.3%
55 - 59	37	0.6%
60 - 64	63	1.2%
65 - 69	95	2.0%
70 - 74	160	3.3%
75 - 79	264	5.6%
80 - 84	478	9.6%
85 - 89	668	15.3%
90 - 94	952	23.3%
95 - 99	1226	33.7%
100 - 104	1529	46.6%
105 - 109	1663	60.7%
110 - 114	1661	74.8%
115 - 119	1473	87.2%
120 - 124	983	95.6%
125 - 129	436	99.2%
130 - 134	86	100.0%
135 - 139	3	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2000			*2001*			*2002*			*2003*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	76	47	18	40	30	10	13	62	27	10	70	24
School Average Score:	96.51	91.62	88.61	88.93	87.30	87.00	82.85	100.24	89.56	78.40	101.44	92.50
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	90.50	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	96.05	82.98	88.89	85.00	90.00	90.00	84.62	85.48	77.78	60.00	95.71	87.50
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	71	33	9	37	20	6	13	61	20	2	64	16
School Average Score:	97.13	96.00	94.00	88.32	86.90	90.67	82.85	100.44	92.80	73.50	102.69	98.56
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	95.77	96.97	100.00	83.78	85.00	100.00	84.62	85.25	75.00	50.00	96.88	100.00
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2004			*2005*			*2006*			*2007*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	3	64	18	9	72	17	2	60	10	3	90	23
School Average Score:	85.67	105.30	94.83	82.67	104.17	101.65	98.00	113.17	95.80	107.67	117.27	101.57
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	100.00	96.88	94.44	88.89	90.28	94.12	100.00	93.33	80.00	100.00	95.56	78.26
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	58	17	5	70	11	2	58	4	3	89	19
School Average Score:	87.00	107.34	93.47	81.40	105.09	110.09	98.00	114.59	125.00	107.67	117.66	103.05
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	100.00	100.00	94.12	80.00	91.43	100.00	100.00	94.83	100.00	100.00	95.51	78.95
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2008			*2009*			*2010*			*2011*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	11	98	12	6	91	8	3	67	6	2	91	9
Mean Scaled Score - School	94.73	106.39	93.83	97.83	113.84	77.25	98.00	99.97	93.17	67.50	97.40	87.22
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	90.91	92.86	83.33	83.33	95.60	50.00	100.00	95.52	100.00	0.00	89.01	77.78
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	97	5	3	88	3	0	67	2	1	87	3
Mean Scaled Score - School	110.33	106.76	95.80	93.00	115.34	78.33	0.00	99.97	97.00	62.00	99.39	84.67
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	100.00	93.81	80.00	66.67	96.59	33.33	0.00	95.52	100.00	0.00	93.10	66.67
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

North American Pharmacist Licensure Examination (NAPLEX)

University of Louisiana at Monroe

	2012			2013			2014			2015		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	6	80	17	3	40							
Mean Scaled Score - School	75.33	97.14	85.41	92.00	100.45							
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66							
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78							
School Pass Rate:	83.33	92.50	82.35	100.00	90.00							
State Pass Rate:	68.75	93.82	76.19	55.56	92.95							
National Pass Rate:	68.33	95.21	77.86	61.07	94.65							
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	80	9	3	38							
Mean Scaled Score - School	49.50	97.14	87.11	92.00	101.68							
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30							
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02							
School Pass Rate:	50.00	92.50	77.78	100.00	92.11							
State Pass Rate:	75.00	95.35	72.73	75.00	94.08							
National Pass Rate:	87.69	97.19	90.14	85.14	96.57							

North American Pharmacist Licensure Examination® (NAPLEX) ®
School Summary Report

Test Window: May 1, 2013 - August 31, 2013

School Name: Xavier University of Louisiana

This NAPLEX score report consists of two levels of scores: school-aggregated scores and individual candidate scores. Summary information is provided separately for first-time examinees from ACPE schools/colleges and for all examinees, regardless of repeater status and/or the educational institution.

Tables 1 and 2 contain school-specific as well as national pass rate information and mean area scores for each of the three main NAPLEX competency areas:

- Assess Pharmacotherapy to Assure Safe and Effective Therapeutic Outcomes (56%),
- Assess Safe and Accurate Preparation and Dispensing of Medications (33%), and
- Assess, Recommend and Provide Health Care Information that Promotes Public Health (11%).

Table 1 First-Time Candidates, ACPE-Accredited Programs Only

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	131	89.31	96.65	17.15	12.28	1.20	11.82	1.38	11.93	1.63
State	152	94.08	99.30	14.59	12.36	1.15	12.07	1.22	12.28	1.54
National	11828	96.57	104.02	14.32	12.67	1.15	12.53	1.26	12.86	1.67

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Table 2 All Candidates

	Candidates	Pass Rate %	Total Scaled Score Mean	Standard Deviation	Area 1 Scaled Score Mean	Standard Deviation	Area 2 Scaled Score Mean	Standard Deviation	Area 3 Scaled Score Mean	Standard Deviation
School	136	86.03	95.13	19.40	12.22	1.26	11.73	1.49	11.87	1.65
State	156	92.95	98.66	15.32	12.32	1.18	12.03	1.24	12.24	1.55
National	12336	94.65	102.78	15.84	12.60	1.21	12.45	1.31	12.76	1.73

Candidates who did not answer enough questions to receive a score are reflected in pass rate data as a fail but are not included in mean scaled score data.

Interpretation and Uses of Candidate Scores

At the candidate level, two sets of scores are produced: an overall, composite scaled score and individual area scores. Only overall scores are used to make pass/fail decisions. Area scores are intended to provide insight into areas of strength and weakness and can be used as a tool for self-assessment and subsequent remediation.

Area scores are numerical performance indicators for each of the three main competency areas of the NAPLEX. There are a total of three area scores, one per main competency area. Area scores are always reported on a scale of [6, 18], where a score of 6 is the lowest possible score and a score of 18 is the highest possible score. This reporting scale does not have a number-correct interpretation. In other words, a score of 6 does not mean that the candidate answered 6 questions correctly. Instead, area scores are computed from ability estimates that are created for sets of items that map to each of the three content areas.

Reference Tables 3 and 4 contain summative data for all first-time test takers from ACPE-accredited programs (2012). In table 3, scaled scores were ordered and divided into four equi-sized bins for the computation of quartile values. The column labled "Top (1st) Quartile" applies to the highest scoring group of examinees. The column labeled "Bottom (4th) Quartile" applies to the lowest scoring group. Table 4 contains similar information but is based on pass/fail status of examinees.

Reference Table 3 NAPLEX
Mean Area Score Summary (2012) by Quartiles

	Top (1st) Quartile	2nd Quartile	3rd Quartile	Bottom (4th) Quartile
Mean Area 1 Scaled Score	13.82	12.91	12.22	11.29
Mean Area 2 Scaled Score	13.83	12.83	12.18	11.22
Mean Area 3 Scaled Score	14.33	13.34	12.74	11.86
Mean Overall Scaled Score	119.72	109.26	100.15	84.05
Scaled Score Range	[114, 137]	[105, 113]	[95, 104]	[10, 94]
# Examinees per bin	3,171	3,172	3,171	3,171

In the quartile table (above), the mean overall scaled score for the bottom quartile is 84.05 which is greater than the NAPLEX passing threshold of 75. Because the set of overall scaled scores is not normally distributed, the scores and subsequent interpretations should be evaluated carefully.

Reference Table 4 NAPLEX
Mean Area Score Summary (2012) by Pass/Fail Status

	Pass	Fail
Mean Area 1 Scaled Score	12.64	10.26
Mean Area 2 Scaled Score	12.60	10.25
Mean Area 3 Scaled Score	13.15	10.81
Mean Overall Scaled Score	104.72	64.05
Scaled Score Range	[75, 137]	[10, 74]
# Examinees per bin	12,243	443

Table 5 North American Pharmacist Licensure Examination® (NAPLEX) ®
Candidate Summary Report

Test Window: May 1, 2013 - August 31, 2013

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
1	Pass	90	12	11	12	08/30/2013	06/29/2013	Y
2	Pass	90	12	11	11	08/30/2013	06/29/2013	Y
3	Pass	104	13	12	11	08/29/2013	06/29/2013	Y
4	Pass	78	11	10	11	08/22/2013	06/29/2013	Y
5	Pass	93	11	12	12	08/19/2013	06/29/2013	Y
6	Pass	88	12	10	11	08/15/2013	06/28/2013	Y
7	Pass	97	12	12	11	08/29/2013	05/11/2013	Y
8	Pass	93	12	12	10	08/27/2013	05/11/2013	Y
9	Pass	87	12	10	14	08/20/2013	05/11/2013	Y
10	Pass	79	12	10	11	08/20/2013	05/11/2013	Y
11	Pass	110	12	14	14	08/20/2013	05/11/2013	Y
12	Pass	99	12	12	15	08/19/2013	05/11/2013	Y
13	Pass	75	13	10	11	08/15/2013	05/11/2013	Y
14	Pass	89	13	10	10	08/13/2013	05/11/2013	Y
15	Pass	96	12	11	12	08/13/2013	05/11/2013	Y
16	Pass	118	15	11	12	08/12/2013	05/11/2013	Y
17	Fail	67	10	11	9	08/12/2013	05/11/2013	Y
18	Pass	82	11	11	10	08/12/2013	05/11/2013	Y
19	Pass	91	11	13	11	08/08/2013	05/11/2013	Y
20	Pass	100	12	12	12	08/08/2013	05/11/2013	Y
21	Pass	94	13	11	9	08/08/2013	05/11/2013	Y
22	Fail	70	12	8	10	08/08/2013	05/11/2013	Y
23	Pass	97	12	12	12	08/07/2013	05/11/2013	Y
24	Fail	73	11	10	10	08/07/2013	05/11/2013	Y
25	Pass	75	10	11	11	08/07/2013	05/11/2013	Y
26	Pass	113	14	11	18	08/07/2013	05/11/2013	Y
27	Pass	119	14	15	12	08/06/2013	05/11/2013	Y
28	Pass	89	12	11	13	08/06/2013	05/11/2013	Y
29	Fail	73	10	11	12	08/06/2013	05/11/2013	Y
30	Pass	104	13	12	12	08/05/2013	05/11/2013	Y
31	Pass	82	11	11	11	08/03/2013	05/11/2013	Y
32	Pass	113	14	12	10	08/01/2013	05/11/2013	Y
33	Pass	95	12	13	12	08/01/2013	05/11/2013	Y
34	Pass	90	11	12	12	07/31/2013	05/11/2013	Y
35	Pass	91	12	11	10	07/30/2013	05/11/2013	Y
36	Pass	83	12	10	10	07/30/2013	05/11/2013	Y
37	Pass	90	13	10	11	07/30/2013	05/11/2013	Y
38	Pass	120	14	14	13	07/29/2013	05/11/2013	Y
39	Pass	108	13	13	13	07/29/2013	05/11/2013	Y
40	Pass	102	13	11	13	07/29/2013	05/11/2013	Y
41	Pass	109	13	12	13	07/29/2013	05/11/2013	Y
42	Pass	113	14	12	12	07/29/2013	05/11/2013	Y
43	Pass	79	11	11	10	07/27/2013	05/11/2013	Y
44	Fail	64	11	9	11	07/27/2013	05/11/2013	Y

Table 5 North American Pharmacist Licensure Examination® (NAPLEX) ®
Candidate Summary Report

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
45	Pass	100	13	12	10	07/26/2013	05/11/2013	Y
46	Pass	108	13	12	12	07/26/2013	05/11/2013	Y
47	Pass	109	13	12	12	07/26/2013	05/11/2013	Y
48	Pass	116	14	13	11	07/26/2013	05/11/2013	Y
49	Fail	68	11	9	10	07/26/2013	05/11/2013	Y
50	Pass	122	14	13	14	07/26/2013	05/11/2013	Y
51	Pass	91	12	10	11	07/26/2013	05/11/2013	Y
52	Pass	101	12	13	12	07/26/2013	05/11/2013	Y
53	Pass	81	11	11	11	07/26/2013	05/11/2013	Y
54	Pass	101	13	12	11	07/26/2013	05/11/2013	Y
55	Pass	82	11	11	11	07/26/2013	05/11/2013	Y
56	Pass	103	13	11	14	07/26/2013	05/11/2013	Y
57	Pass	93	12	11	13	07/26/2013	05/11/2013	Y
58	Fail	74	11	10	10	07/25/2013	05/11/2013	Y
59	Pass	106	12	14	15	07/25/2013	05/11/2013	Y
60	Pass	107	13	12	13	07/25/2013	05/11/2013	Y
61	Fail	46	9	9	9	07/25/2013	05/11/2013	Y
62	Pass	82	11	12	9	07/25/2013	05/11/2013	Y
63	Fail	57	12	10	10	07/25/2013	05/11/2013	Y
64	Pass	110	13	13	13	07/25/2013	05/11/2013	Y
65	Pass	84	11	11	12	07/20/2013	05/11/2013	Y
66	Pass	97	12	12	12	07/19/2013	05/11/2013	Y
67	Pass	121	14	14	14	07/18/2013	05/11/2013	Y
68	Pass	90	12	10	11	07/18/2013	05/11/2013	Y
69	Fail	61	11	10	9	07/18/2013	05/11/2013	Y
70	Pass	120	14	13	16	07/18/2013	05/11/2013	Y
71	Pass	89	11	13	11	07/18/2013	05/11/2013	Y
72	Pass	107	13	12	12	07/18/2013	05/11/2013	Y
73	Pass	101	13	11	13	07/18/2013	05/11/2013	Y
74	Pass	98	12	11	13	07/18/2013	05/11/2013	Y
75	Pass	110	13	12	13	07/18/2013	05/11/2013	Y
76	Pass	110	13	14	13	07/17/2013	05/11/2013	Y
77	Pass	91	12	12	10	07/17/2013	05/11/2013	Y
78	Pass	113	13	14	14	07/17/2013	05/11/2013	Y
79	Pass	112	13	13	13	07/17/2013	05/11/2013	Y
80	Pass	103	12	12	15	07/17/2013	05/11/2013	Y
81	Fail	68	11	10	10	07/17/2013	05/11/2013	Y
82	Pass	98	12	12	12	07/17/2013	05/11/2013	Y
83	Pass	102	13	12	11	07/16/2013	05/11/2013	Y
84	Pass	102	13	12	11	07/16/2013	05/11/2013	Y
85	Pass	98	12	12	11	07/16/2013	05/11/2013	Y
86	Pass	85	11	11	12	07/13/2013	05/11/2013	Y
87	Pass	91	11	12	12	07/12/2013	05/11/2013	Y
88	Pass	82	11	11	10	07/12/2013	05/11/2013	Y

Table 5 North American Pharmacist Licensure Examination® (NAPLEX) ®
Candidate Summary Report

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
89	Pass	123	15	13	13	07/12/2013	05/11/2013	Y
90	Pass	96	12	11	12	07/12/2013	05/11/2013	Y
91	Pass	121	14	15	12	07/11/2013	05/11/2013	Y
92	Pass	114	13	13	14	07/11/2013	05/11/2013	Y
93	Pass	88	12	11	11	07/11/2013	05/11/2013	Y
94	Pass	97	12	12	11	07/11/2013	05/11/2013	Y
95	Pass	112	14	11	13	07/11/2013	05/11/2013	Y
96	Pass	120	14	14	13	07/11/2013	05/11/2013	Y
97	Pass	114	13	13	15	07/11/2013	05/11/2013	Y
98	Fail	72	10	11	10	07/11/2013	05/11/2013	Y
99	Pass	80	11	11	11	07/10/2013	05/11/2013	Y
100	Pass	99	12	12	12	07/09/2013	05/11/2013	Y
101	Pass	112	13	13	11	07/08/2013	05/11/2013	Y
102	Pass	87	12	11	11	07/08/2013	05/11/2013	Y
103	Pass	117	14	12	13	07/06/2013	05/11/2013	Y
104	Pass	99	12	14	11	07/06/2013	05/11/2013	Y
105	Pass	123	14	14	14	07/06/2013	05/11/2013	Y
106	Pass	107	13	12	13	07/05/2013	05/11/2013	Y
107	Pass	87	11	12	11	07/05/2013	05/11/2013	Y
108	Pass	101	12	13	13	07/05/2013	05/11/2013	Y
109	Pass	91	12	13	10	07/05/2013	05/11/2013	Y
110	Pass	96	12	12	12	07/05/2013	05/11/2013	Y
111	Pass	89	11	12	11	07/03/2013	05/11/2013	Y
112	Pass	98	12	11	14	07/03/2013	05/11/2013	Y
113	Pass	96	12	13	12	07/03/2013	05/11/2013	Y
114	Pass	116	13	14	13	07/02/2013	05/11/2013	Y
115	Pass	116	13	14	16	07/02/2013	05/11/2013	Y
116	Pass	105	13	11	13	07/01/2013	05/11/2013	Y
117	Pass	108	13	13	13	06/29/2013	05/11/2013	Y
118	Pass	112	14	12	12	06/29/2013	05/11/2013	Y
119	Pass	96	12	11	12	06/28/2013	05/11/2013	Y
120	Pass	115	13	13	14	06/28/2013	05/11/2013	Y
121	Pass	101	12	12	13	06/28/2013	05/11/2013	Y
122	Pass	112	13	13	12	06/25/2013	05/11/2013	Y
123	Pass	122	14	14	14	06/22/2013	05/11/2013	Y
124	Pass	114	13	13	14	06/20/2013	05/11/2013	Y
125	Pass	121	14	14	12	06/20/2013	05/11/2013	Y
126	Pass	124	14	14	13	06/13/2013	05/11/2013	Y
127	Fail	66	10	11	10	06/13/2013	05/11/2013	Y
128	Pass	122	14	15	14	05/28/2013	05/11/2013	Y
129	Pass	98	12	12	14	07/26/2013	08/04/2012	Y
130	Fail	32	8	9	9	08/13/2013	05/12/2012	Y
131	Pass	80	11	11	11	08/03/2013	05/12/2012	Y
132	Fail	65	11	10	9	05/08/2013	05/12/2012	N

Table 5 North American Pharmacist Licensure Examination® (NAPLEX) ®
Candidate Summary Report

Candidate	Pass/Fail	Total Scaled Score	Area 1 Scaled Score	Area 2 Scaled Score	Area 3 Scaled Score	Test Date	Graduation Date	First Attempt
133	Fail	40	11	9	10	08/29/2013	07/31/2011	N
134	Fail	65	11	9	11	05/09/2013	05/07/2011	N
135	Fail					08/01/2013	05/31/2004	N
136	Fail	11	8	6	9	07/20/2013	08/01/2002	N

National Statistics for All NAPLEX Candidates

Mean Scaled Score:	**102.78**
Standard Deviation:	**15.84**
Range:	**0 - 138**
Passing Rate (%):	**94.65**

National Statistics for First-Time NAPLEX Candidates

Mean Scaled Score:	**104.02**
Standard Deviation:	**14.32**
Range:	**16 - 138**
Passing Rate (%):	**96.57**

The following tables are scaled score frequency distributions for NAPLEX candidates.

Candidates who did not answer enough questions to receive a score are not reflected in the frequency distributions.

National Frequency Distribution of Scaled Scores

Based on Total Tests Administered (N = 12336)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	1	0.0%
5 - 9	0	0.0%
10 - 14	1	0.0%
15 - 19	4	0.0%
20 - 24	3	0.1%
25 - 29	4	0.1%
30 - 34	13	0.2%
35 - 39	12	0.3%
40 - 44	22	0.5%
45 - 49	26	0.7%
50 - 54	40	1.0%
55 - 59	68	1.6%
60 - 64	105	2.4%
65 - 69	137	3.5%
70 - 74	210	5.2%
75 - 79	322	7.9%
80 - 84	527	12.1%
85 - 89	707	17.9%
90 - 94	982	25.8%
95 - 99	1245	35.9%
100 - 104	1547	48.5%
105 - 109	1674	62.1%
110 - 114	1673	75.7%
115 - 119	1484	87.7%
120 - 124	987	95.7%
125 - 129	438	99.3%
130 - 134	86	100.0%
135 - 139	4	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

National Frequency Distribution of Scaled Scores

Based on First-Time Candidates from ACPE-Accredited Programs (N = 11828)

Test Window: May 1, 2013 - August 31, 2013

Scaled Score	Frequency	Cumulative Percent of the Upper Limit of the Interval
0 - 4	0	0.0%
5 - 9	0	0.0%
10 - 14	0	0.0%
15 - 19	2	0.0%
20 - 24	1	0.0%
25 - 29	0	0.0%
30 - 34	4	0.1%
35 - 39	5	0.1%
40 - 44	1	0.1%
45 - 49	9	0.2%
50 - 54	17	0.3%
55 - 59	37	0.6%
60 - 64	63	1.2%
65 - 69	95	2.0%
70 - 74	160	3.3%
75 - 79	264	5.6%
80 - 84	478	9.6%
85 - 89	668	15.3%
90 - 94	952	23.3%
95 - 99	1226	33.7%
100 - 104	1529	46.6%
105 - 109	1663	60.7%
110 - 114	1661	74.8%
115 - 119	1473	87.2%
120 - 124	983	95.6%
125 - 129	436	99.2%
130 - 134	86	100.0%
135 - 139	3	100.0%
140 - 144	0	100.0%
145 - 150	0	100.0%

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2000			*2001*			*2002*			*2003*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	80	43	28	85	40	22	69	48	19	90	40
School Average Score:	77.60	87.99	81.67	76.50	93.14	85.15	76.00	93.23	86.98	79.42	94.46	84.33
State Average Score:	96.75	88.52	86.05	84.66	93.82	82.05	75.50	101.46	87.48	77.50	99.40	87.33
National Average Score:	91.78	99.86	91.21	90.25	101.70	83.69	90.81	101.21	90.02	91.50	101.40	89.40
School Pass Rate:	60.00	77.50	62.79	57.14	85.88	82.50	54.55	79.71	85.42	68.42	90.00	75.00
State Pass Rate:	92.50	78.57	77.27	75.86	89.29	70.00	50.00	85.90	70.37	62.50	94.90	80.00
National Pass Rate:	82.95	92.05	83.04	81.07	94.38	83.69	81.52	93.76	81.73	82.77	93.84	79.55
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	1	77	23	10	74	29	8	63	40	8	83	26
School Average Score:	95.00	88.19	82.13	74.80	95.92	86.48	80.63	95.00	88.60	87.75	95.34	88.04
State Average Score:	97.49	93.61	87.77	88.78	95.92	85.93	81.89	103.71	91.15	74.00	100.41	92.38
National Average Score:	96.51	101.85	96.48	94.54	103.35	94.22	95.13	103.00	94.62	97.39	103.38	95.88
School Pass Rate:	100.00	77.92	65.22	50.00	90.54	82.76	75.00	84.13	90.00	87.50	90.36	80.77
State Pass Rate:	94.59	93.18	84.62	83.33	91.84	73.33	77.78	90.28	70.00	66.67	95.65	90.48
National Pass Rate:	91.44	95.44	91.39	87.91	96.75	90.10	89.27	96.74	88.52	91.47	96.54	89.64

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2004			*2005*			*2006*			*2007*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	10	82	19	6	95	30	20	94	48	17	81	56
School Average Score:	76.40	98.99	91.68	83.00	98.92	73.07	72.15	106.20	92.81	74.18	109.07	86.77
State Average Score:	81.33	103.47	96.71	95.00	101.77	92.50	86.67	111.87	96.07	88.00	117.29	94.73
National Average Score:	92.13	102.16	91.70	91.32	104.85	87.72	86.89	107.02	93.18	89.95	113.33	94.18
School Pass Rate:	70.00	96.34	84.21	83.33	86.32	56.67	50.00	82.98	77.08	52.94	83.95	64.29
State Pass Rate:	83.33	96.12	100.00	100.00	87.83	78.57	77.78	89.17	79.31	63.64	95.52	74.51
National Pass Rate:	83.22	95.11	84.79	82.88	89.15	71.73	68.82	90.52	77.07	71.38	94.47	78.76
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	2	79	10	3	90	19	5	87	31	3	68	46
School Average Score:	72.50	100.06	98.80	85.00	101.34	79.79	69.40	109.32	93.10	94.67	114.60	90.50
State Average Score:	84.00	105.61	99.73	101.50	103.64	98.94	93.33	112.95	95.41	103.40	118.18	95.00
National Average Score:	100.14	104.14	96.60	98.84	107.67	95.89	97.18	110.34	99.96	102.16	116.00	102.19
School Pass Rate:	50.00	98.73	100.00	66.67	88.89	68.42	40.00	86.21	77.42	100.00	92.65	71.74
State Pass Rate:	100.00	100.00	100.00	100.00	90.09	88.89	100.00	90.38	70.59	100.00	96.69	76.74
National Pass Rate:	95.07	97.38	92.22	91.31	92.86	82.12	81.12	94.49	84.74	84.09	97.23	88.12

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2008			*2009*			*2010*			*2011*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	22	138	55	18	138	28	19	148	52	25	124	45
Mean Scaled Score - School	81.36	96.77	89.82	80.33	97.59	86.96	73.63	89.73	77.15	76.00	99.13	85.04
Mean Scaled Score - State	93.70	103.31	95.41	94.80	108.26	84.32	83.15	94.22	80.13		99.66	85.27
Mean Scaled Score - National	96.76	112.08	96.61	93.72	112.51	93.62	84.75	101.11	84.90	83.97	103.27	88.08
School Pass Rate:	68.18	81.88	76.36	61.11	83.33	71.43	42.11	75.00	59.62	64.00	87.10	75.56
State Pass Rate:	90.00	90.34	82.76	80.00	92.64	63.16	61.54	83.24	65.00		90.81	73.17
National Pass Rate:	83.11	95.48	81.96	76.40	95.03	78.20	65.07	92.39	72.20	67.85	94.16	76.57
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	5	124	36	6	127	12	6	143	16	6	115	33
Mean Scaled Score - School	85.40	98.77	92.47	81.00	99.77	83.33	79.83	90.78	84.00	61.00	101.95	85.45
Mean Scaled Score - State	96.00	104.42	95.82	86.00	108.80	84.10	92.00	94.46	90.75		100.88	83.70
Mean Scaled Score - National	106.63	114.11	103.62	106.27	114.65	102.87	100.12	103.06	94.26	96.99	105.03	96.71
School Pass Rate:	80.00	84.68	80.56	50.00	86.61	66.67	50.00	76.92	75.00	16.67	92.17	81.82
State Pass Rate:	83.33	92.35	82.35	57.14	93.04	60.00	66.67	84.15	83.33		93.18	74.07
National Pass Rate:	92.24	97.44	90.66	90.76	97.50	89.51	88.38	95.31	86.71	87.50	96.57	89.24

North American Pharmacist Licensure Examination (NAPLEX)

Xavier College of Pharmacy

	2012			*2013*			*2014*			*2015*		
	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec	Jan - Apr	May - Aug	Sept - Dec
TOTAL CANDIDATE GROUP												
No. of Candidates	13	120	21	10	136							
Mean Scaled Score - School	76.69	95.13	83.24	68.67	95.13							
Mean Scaled Score - State	81.25	98.42	86.95	77.25	98.66							
Mean Scaled Score - National	83.15	102.81	88.15	80.17	102.78							
School Pass Rate:	46.15	90.00	61.90	40.00	86.03							
State Pass Rate:	68.75	93.82	76.19	55.56	92.95							
National Pass Rate:	68.33	95.21	77.86	61.07	94.65							
FIRST-TIME CANDIDATE GROUP												
No. of Candidates	3	111	12	1	131							
Mean Scaled Score - School	84.67	97.71	95.58	47.00	96.65							
Mean Scaled Score - State	84.00	99.47	91.00	80.75	99.30							
Mean Scaled Score - National	94.87	104.13	95.75	92.48	104.02							
School Pass Rate:	66.67	93.69	91.67	0.00	89.31							
State Pass Rate:	75.00	95.35	72.73	75.00	94.08							
National Pass Rate:	87.69	97.19	90.14	85.14	96.57							

From:	Susie Murphy
To:	Malcolm J. Broussard
Cc:	Willie White III
Subject:	LA Board Of Pharmacy Inspection
Date:	Wednesday, August 14, 2013 11:16:52 AM
Attachments:	LA Board of Pharmacy Inspection Report.pdf DRCHCPharmacySatelliteDelPolicy20131228.doc

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Dear Mr. Broussard:

First of all, let me apologize because this issue was not followed up on last year.

Attached you will find the pharmacy inspection report for David Raines Community Health Centers (DRCHC) Pharmacy located at 1514 Doctors Drive in Bossier City conducted by Mr. Trisler, dated May 7, 2012. In Section 55 you will see that Mr. Trisler recommended that we seek a written opinion from the Board of Pharmacy to determine whether transporting prescription medications to patients of the satellite sites that do not have a pharmacy is in compliance with current regulations for our IR permit.

As background, DRCHC is a federally qualified health center (FQHC) providing services primarily to the medically underserved populations of Bossier, Caddo, Claiborne and Webster parishes through five sites located in Shreveport, Bossier City, Gilliam, Haynesville and Minden, Louisiana. The organization is both Joint Commission Accredited and National Committee on Quality Assurance (NCQA) recognized Level 1 primary care medical home (PCMH). The mission of our organization, as well as other FQHCs, is to improve health outcomes, increase access to affordable health services and reduce barriers to care. As it relates to improving health outcomes, through access to affordable prescription medications, DRCHC operates two (2) pharmacies located in the Shreveport and Bossier City sites. As a FQHC we qualify and participate in the 340B Federal Drug Pricing program. As such, our pharmacy services are not available to the general public and serve only those persons who are patients of DRCHC. Participation in the programs allows for the opportunity to acquire lower cost medications that allows us to provide reduced pricing to our patients. The goal is to reduce the cost barrier to medications thereby increasing medication compliance and positively impacting health outcomes.

The Shreveport and Bossier locations have on-site pharmacies. When transporting prescription medications to patients of the satellite sites that do not have a pharmacy, the pharmacist, pharmacy technicians and other personnel involved are all employees of DRCHC. The procedure for transporting medications provides an unbroken chain of custody by DRCHC employees. Once processed and dispensed by the pharmacy a DRCHC employed courier transports them to the respective site to DRCHC personnel that appropriately secure the medication pending delivery to the patient. Policies are in place to insure accountability and security of medications transported. This would also include the return to the pharmacy of any medications not picked up by the patient. (see attached policy).

Also in Section 55 it was commented that a review of the process for re-distribution of medications to the medical/clinical departments for administration to patients at the time services are delivered be undertaken. Upon review, DRCHC has both an M.D. medical director and D.D.S. dental director

whose responsibility is to oversee their respective disciplines clinical operations. In addition, each site has licensed practitioners, MD and DDS, which would be responsible for overseeing any prescription medications that may be secured at a site for patient administration.

As recommended in the report, I contacted the Louisiana Board of Wholesale Drug Distributors for a written opinion to determine if we need a permit to re-distribute stock meds to our clinics. As soon as I receive that opinion from Kimberly Barbier I will forward it to you.

Thank you for your consideration and guidance in this request for your written opinion as recommended by Mr. Trisler. Please contact me if you have any questions or need additional information.

Susie B. Murphy
Pharmacy Director
David Raines Community Health Centers
1514 Doctors Drive
Bossier City, LA 71111
318-841-6047
318-841-6058 Fax
smurphy@northstar1.org

Have a blessed day!

Privacy & Confidentiality Warning: This email transmission may contain Protected Health Information, Individual Identifiable Health Information and other information, which is protected by law. The information is intended for the use of the intended recipient. If are not the intended recipient, you are hereby notified that any review, disclosure/re-disclosure, copying, storing, distributing or taking action in reliance on the content of this email transmission and any attachments thereto, is strictly prohibited. If you have received this email transmission in error, please notify the sender immediately via telephone and destroy the contents of this email transmission and its attachments. Please call (318) 841-6050, ext. 132 if you have any problems receiving this email or if information is missing.

Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov Telephone: 225-925-6496 Fax: 225-925-6499 E-Mail: info@pharmacy.la.gov

Pharmacy Inspection Report

Permit Data	Report No. 075	Inspected by: Trisler	Territory: Trisler	Date: 5/7/12

1. Pharmacy Name	2. Permit No.	3. CDS License	4. Classification	5. Renewal Yr.
David Raines Community Health Centers Pharmacy	6318	39159	IR	2012

6. Physical Address	7. Mailing Address	8. City, State, Zip
1514 Doctors Drive	same	Bossier City, LA 71111

9. Phone No.	10. Fax No.	11. E-mail Address	12. J.C.A.H.O. Accredited
318-841-6057	318-841-6058	rboyd@northstarorg1.com	Yes ☒ (4/16/11) No ☐ N/A ☐

13. Compounding	14. AMS Permit No.	15. Rx Software	16. DEA No.	DEA Expiration
Sterile ☐ Non-Sterile ☐ N/A ☒		QS-1	FD2363086	6/30/13

17. Store Hours	18. Pharmacy Hours
8am-5pm M&F,7am-6pm T&Th, 9am-6pm Wed N/A ☐	8am-5pm M,T,Th,F; 9am-6pm Wed

Pharmacist-in-Charge

19. PIC Name (Last, First, MI)	20. Sex	21. License No.	22. Renewal Year	23. CE Compliant
Boyd, Quishenia Renee	female	15467	2012	Yes ☒ No ☐

24. Address of Record	25. City, State, Zip	26. Phone
3347 Gordon Road	Shreveport, LA 71119	318-621-0158

27. Pharmacy Staff	License No.	Renewal Year	C.E. Compliant		
Renata L. Bradberry, CPT	7591	11/12	Yes ☒	No ☐	Exempt ☐
Ronald Mitchell, RPh (relief)	9065	2012	Yes ☐	No ☐	Exempt ☒
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐
			Yes ☐	No ☐	Exempt ☐

Professional and Occupational Standards

	Compliance Yes	No	N/A
28. Credentials Displayed	☒	☐	☐
29. Premises Clean/Orderly	☒	☐	☐
30. Adequate Lighting/Ventilation	☒	☐	☐
31. Adequate Refrigeration/Temperature	☒	☐	☐
32. Min. Rx Dept. Size/Aisle Space	☒	☐	☐
33. Sterile Compounding	☐	☐	☒
34. Sink (Location & Temperature)	☒	☐	☐
35. Required References	☒	☐	☐
36. Security (Alarm) (Restricted Access)	☐	☒	☐
37. Adequate Equipment	☒	☐	☐
38. Meds. Misbranded, Non-Labeled, Exp.	☒	☐	☐

	Compliance Yes	No	N/A
39. Emergency Drug Cabinet	☐	☐	☒
40. Electronic Record Keeping	☒	☐	☐
41. Required Info. on CDS Rxs	☒	☐	☐
42. CDS Invoices Retrievable/Dated	☒	☐	☐
43. C-II Order Forms	☒	☐	☐
44. Perpetual CII/CDS Annual Inventory Inventory Date (4/30/12)	☒	☐	☐
45. Policy & Procedure Manual	☒	☐	☐
46. Pharmacist Register	☒	☐	☐
47. Patient Counseling	☒	☐	☐
48. Intern/CPT/Tech Trainee I.D.	☒	☐	☐

52. Prior Inspection Date:	53. Deficiencies/Non-Compliance on Prior Inspection	54. Correction(s) Observed
3/2011	38	yes

55. Comments: NOTE: A finding of satisfactory compliance is not indicative of a detailed inspection/investigation and does not exclude the permit and/or staff from possible future violations of compliance. 38. This pharmacy permit is currently filling faxed prescriptions from the clinics in Haynesville & Minden and sending these dispensed meds to these clinics for the patient to pick-up. Meds not picked up by the patient within 30 days are then sent back to the pharmacy. Discussed this procedure with CEO Willie White and PIC Boyd. Recommeded that they seek an opinion from the Board to determine whether this procedure is in compliance with current regulations for their IR permit. Also discussed this permit's re-distribution of stock meds to the clinics. Recommended they seek an opinion from the Wholesale Board whether they need their permit. Discussed with RPh ~~Boyd~~ about signatures on Electronic prescriptions/faxed prescriptions. Currently the PMP database can be accessed from this permit.

Quishenia R. Boyd
Authorized Signature & Title

Compliance Officer, Louisiana Board of Pharmacy (Rev 050611)

DAVID RAINES COMMUNITY HEALTH CENTER (DRCHC)

Policy No. 11-09

DEPARTMENT: Pharmacy

FUNCTION: Care of Patients (Medication Use -- Delivery to Satellite Sites)

SUBJECT: Controlled Drugs: Dispensing

EFFECTIVE/REVIEW DATE: October 17, 2005 / January 12, 2007/May 8, 2012/Dec 28,2012

POLICY

Drugs provided to patients at health center satellite sites will be delivered in accordance with this policy.

DISPENSING DELIVERY RECORDS

Each delivered drug dispensed shall be distinctly noted on a delivery log in the pharmacy including the RX number, name of patient, site delivered to, and total price of the medication(s). The DRCHC courier will sign his/her name below the items at the time they are received into his/her possession. When meds are delivered to a site, the DRCHC courier is to sign over each package thereby transferring possession to the DRCHC personnel responsible for them at that site.

SECURITY FOR DRUGS DURING DELIVERY TO PATIENT CARE AREAS

The DRCHC courier shall ensure that adequate security is provided for drugs during delivery to patients. The courier vehicle shall be locked at any time medications are in the vehicle and the courier is away. The orders are to be secured in the medication storage at each site. Patient's orders are kept in individual bags and no DRCHC personnel may open those bags. If there is an issue with an order, the order must be returned to the pharmacy department from which it was dispensed and only pharmacy personnel may open the bags and resolve the issue.

RETURNING ORDERS TO THE PHARMACY

Patients must come within 7 days to pickup orders they have placed. If patient orders are not picked up within 7 days, the person at the satellite site that is responsible for the meds shall remove them from the secured storage area and return them to the DRCHC courier. When the courier receives an order for return, the package is to be signed back out to him when he takes possession. When it reaches the dispensing pharmacy, it is signed back in when the pharmacy takes possession of the order.

From: Josh Borill [mailto:jborill@thepicardgroup.com]
Sent: Wednesday, October 09, 2013 11:29 AM
To: Malcolm J. Broussard
Subject: RE: Agenda request for LABP

Our main concern is Physician Owned Pharmacies (POP) and we would like to present our case to the board about the problems of POP. Once our case is presented, we hope that the Pharmacy Board could potentially make a rule change to halt POP's from happening in the State. We will provide cases and examples of POP problems in other states and how they dealt with the issue of Physician Owned Pharmacies.

Josh Borill
The Picard Group

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Louisiana Board of Pharmacy

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November 6, 2013

Agenda Item 14: Announcements

Nov. 12	Application Review Committee
Nov. 13	Regulation Revision Committee
Nov. 23	Tinctures & Tonics Gala – New Orleans Pharmacy Museum
Nov. 28	Thanksgiving Day – *Board office closed*
Nov. 29	Acadian Day – *Board office closed*
Dec. 3-4	NABP Interactive Forum – Compliance Officers & Board Counsel
Dec. 8-12	ASHP MidYear Meeting – Orlando, FL
Dec. 11-12	Violations Committee Informal Conference
Dec. 25	Christmas Day – *Board office closed*
Jan. 1	New Year's Day – *Board office closed*
Jan. 8	Louisiana Pharmacy Congress
	Prescription Monitoring Program (PMP) Advisory Council
Jan. 20	Martin Luther King, Jr. Day – *Board office closed*
Feb. 11	Reinstatement & Impairment Committees
Feb. 12	Reciprocity Committee & Board Meeting
Feb. 13	Administrative Hearing

Board Meeting Schedule for Calendar Year 2014

Feb. 11-13	May 6-8	Aug. 12-14	Nov. 12-14