



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov



Application for Special Work Permit for Non-licensed Pharmacist

Section 1 – Personal Information

Current Legal Name: _____
First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____

Section 2 – Contact Information

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____
* May be used for official communications. *

Telephone Number (with A/C): _____

Section 3 – Other Credentials *Please identify your active and unrestricted pharmacist license as well as your NABP eProfile Number:*

State: _____ Pharmacist License No.: _____ Expiration Date: _____

NABP eProfile No.: _____

Section 4 – Purpose of Permit

Reason: _____ Location: _____

Section 5 – Applicant’s Attestation & Signature

By my signature, I certify my understanding and consent to the following statements:

- I submit this application for the purpose of obtaining a Louisiana Special Work Permit which will authorize me to practice as a pharmacist for a limited period of time within the State of Louisiana.
- I understand the Board’s receipt of my application does not authorize me to practice, nor may I practice while waiting for the Board to process my application. I understand when the Board issues my numbered credential, I am then authorized to practice.
- I understand the Special Work Permit is a virtual credential, meaning no paper form exists.
- For Special Work Permits issued to authorize COVID-19 medication administration, I shall comply with all terms and conditions of the federal HHS PREP Act Declaration and all amendments thereto.

Please date, sign and return completed application by email to licensing@pharmacy.la.gov.

Date

Signature of Applicant