



# Louisiana Board of Pharmacy

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



## Application for Renewal of Pharmacist Gold Certificate on Voluntary Inactive Status for Year 2019

Please complete, date and sign this application and then mail it to the Board office, at the address noted above. An incomplete application will be returned to the applicant.

### Section 1. Contact Information

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Parish / County: \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

*Note: May be used for official communications.*

### Section 2. Survey

The Louisiana Legislature has directed the Workforce Commission to collect and compile information concerning the healthcare provider workforce supply and demand in the state. In cooperation with the Workforce Commission, we are obliged to collect certain information from you. You are required to answer these questions as part of your license renewal process. We appreciate your cooperation with this initiative.

1. In the event you are not practicing pharmacy, please indicate which of the following selections is most applicable to you:

- I am not practicing pharmacy, but I am seeking pharmacy employment.
- I am not practicing pharmacy, and I am not seeking pharmacy employment.
- I am retired from pharmacy practice.
- Not applicable to me, because I am employed in pharmacy practice.

2. In the event you are not practicing pharmacy, but you are employed in another capacity, which of the following selections best describes your employment:

- |  |   |
|--|---|
| <input type="checkbox"/> Attorney                        | <input type="checkbox"/> Other medical field                              |
| <input type="checkbox"/> Dentist                         | <input type="checkbox"/> Other non-medical field                          |
| <input type="checkbox"/> Nurse                           | <input type="checkbox"/> Not applicable to me; I am retired or unemployed |
| <input type="checkbox"/> Physician                       | <input type="checkbox"/> Not applicable to me; I am practicing pharmacy   |
| <input type="checkbox"/> Academia, unrelated to pharmacy |   |

**Section 3. Fees**

Act 298 of the 2015 Legislature requires the Board to charge a new 'pharmacy education support fee' of \$100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the publicly supported school of pharmacy.

Pharmacist License Renewal Fee	\$ 0
Pharmacy Education Support Fee	\$100
<b>Total Due:</b>	<b>\$100</b>

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

I decline to pay the pharmacy education support fee. Total Due: \$ 0

**Section 4. Attestations**

1. I certify my understanding that a pharmacist license placed in VOLUNTARY INACTIVE status is not valid for practice in Louisiana.

Yes  No

2. In order to return to active practice, the inactive license must be converted to active status. I certify my understanding of the procedure for converting an inactive license to active status requires an application for that purpose as well as a hearing with the Board's Reinstatement Committee. Further, I understand that process requires an additional fee, and that the committee will determine under what conditions it will recommend the approval of my request to the Board, and that only the full Board is authorized to act on my request.

Yes  No

3. I certify that all of the answers provided to all of the questions and all of the information provided during this renewal process are true and accurate. Further, I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation. Finally, I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of my license, or if the renewal has already been issued, then the suspension or revocation of my license.

Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Original required; no stamps or facsimile accepted

*Notice: In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations: (1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, La. 70809; 225.925.6496; [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov). (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, La. 70804; 225.342.2403; [h&ga@legis.la.gov](mailto:h&ga@legis.la.gov). (3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, La. 70804; 225.342.9845; [s&g@legis.la.gov](mailto:s&g@legis.la.gov).*