



Louisiana Board of Pharmacy

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



Application for Renewal of Pharmacist Gold Certificate for Calendar Year 2019

Please complete, date and sign this application and then mail it to the Board office, at the address noted above, between November 1 and December 31, 2018. An incomplete application, including one without the required attachments, 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. Continuing Education (CE) Requirement

Which of the following selections best describes your compliance with the Board's rules for continuing pharmacy education as a requirement for the renewal of a pharmacist license?

- I earned at least 15 hours of pharmacist-specific ACPE-accredited (or board approved) CE during Calendar Year 2018, of which at least 3 hours were earned via live presentation. Evidence of my CE resides with CPE Monitor, to which I have given the Board access by listing my Louisiana pharmacist license number within my account.
- I earned at least 20 hours of pharmacist-specific ACPE-accredited (or board approved) CE during Calendar Year 2018, of which less than 3 hours were earned via live presentation. Evidence of my CE resides with CPE Monitor, to which I have given the Board access by listing my Louisiana pharmacist license number within my account.
- None of the above.

(continued)

Section 3. 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. On average, I practice pharmacy the following number of hours per week:

- | | |
|---|---|
| <input type="checkbox"/> Zero – not practicing pharmacy | <input type="checkbox"/> 31 to 40 hours |
| <input type="checkbox"/> 1 to 10 hours | <input type="checkbox"/> 41 to 50 hours |
| <input type="checkbox"/> 11 to 20 hours | <input type="checkbox"/> 51 to 60 hours |
| <input type="checkbox"/> 21 to 30 hours | <input type="checkbox"/> over 60 hours |

2. My primary professional practice setting is best described by which of the following selections:

- | | |
|---|--|
| <input type="checkbox"/> Community pharmacy – independent | <input type="checkbox"/> Consultant, in office-based practice |
| <input type="checkbox"/> Community pharmacy – chain | <input type="checkbox"/> HMO or other managed care organization |
| <input type="checkbox"/> Hospital or health-system pharmacy | <input type="checkbox"/> Mail service pharmacy |
| <input type="checkbox"/> Institutional pharmacy (other than hospital) | <input type="checkbox"/> Government owned healthcare facility |
| <input type="checkbox"/> Nuclear pharmacy | <input type="checkbox"/> Government, regulatory or law enforcement |
| <input type="checkbox"/> Academia (college of pharmacy) | <input type="checkbox"/> Other, not listed |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Employed in another field OR unemployed |
| <input type="checkbox"/> Manufacture / Distribution (incl. sales) | |

3. 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.

4. 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 | |

5. During Calendar Year 2018, I moved **TO** Louisiana from another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- Yes No

Section 3. Survey (cont.)

6. During Calendar Year 2018, I moved **FROM** Louisiana to another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

Yes No

7. During Calendar Year 2018, I filed an application for the reciprocity of my pharmacist license to another state, OR I filed an application for pharmacist licensure by examination in another state.

Yes No

Section 4. Disciplinary History

1. During this calendar year (or at any time since your last renewal), have you been the subject of any of the following actions:

Yes No A. Have you been issued a citation or summons, OR
has a warrant been issued against you, OR
have you been arrested, charged, arraigned, indicted, or convicted, OR
have you pled guilty, no contest, nolo contendere, or any similar plea, OR
have you been sentenced or pardoned
for any criminal offense, including all misdemeanors and felonies, in any local, state,
or federal jurisdiction?
NOTE: Traffic violations such as speeding or parking tickets do not need to be reported; however,
DUI or DWI events must be reported, regardless of final disposition.

Yes No B. Have you had a professional license as a pharmacist or any other health care
provider denied, revoked, suspended, placed on probation, reprimanded, warned,
cited, fined, or otherwise sanctioned or restricted or limited, including voluntary
surrender of license and including restrictions associated with participation in
confidential alternatives to disciplinary programs, OR
Do you now have any disciplinary action pending against you by any state licensing
agency other than the Louisiana Board of Pharmacy?

Yes No C. Have you been named as a defendant in a civil/malpractice case relating to your
practice of pharmacy, OR
Has a medical review panel opinion been rendered relating to your practice of
pharmacy, OR
Have you been reported to the National Practitioner Data Bank, OR
Have your clinical privileges been limited, restricted, suspended, or revoked?

Yes No D. Have you been diagnosed with, or do you now have a medical, physical, mental,
emotional, or psychiatric condition that might affect your ability to safely practice as a
pharmacist?

Yes No E. Have you been diagnosed with, or have you been treated for, or are you now
receiving treatment for, a dependency on mood-altering substances, drugs, or
alcohol?

[NOTE: Subject to the exemption noted in 1-A, an affirmative response to any question in this Section requires two attachments: a letter of explanation from you describing the incident in your own words, as well as a certified copy of the disciplinary or adverse action.]

Section 5. 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	<u>\$100</u>
Total Due:	\$100

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 6. Attestations

1. I certify that I have acquired the amount and type of pharmacist-specific ACPE-accredited (or board approved) continuing pharmacy education (CPE) as identified in Section 2 above, and further, that such records are available for audit by the Board at CPE Monitor®.

Yes No

2. 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. (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. (3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, La. 70804; 225.342.9845; s&g@legis.la.gov.