



Louisiana Board of Pharmacy

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Application for Renewal of Pharmacist License on Voluntary Inactive Status for Year 2017

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above, between November 1 and December 31, 2016. An incomplete application, including one without the required attachments, will be returned to the applicant.

Section 1. Contact Information

Name: _____ License No.: _____

NOTE: Mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes. If you wish to change your mailing address of record, please make the appropriate changes here.

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 | |

3. During Calendar Year 2016, I moved **TO** Louisiana from another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- Yes No

4. During Calendar Year 2016, I moved **FROM** Louisiana to another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- Yes No

5. During Calendar Year 2016, 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 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	\$100
Pharmacy Education Support Fee	<u>\$100</u>
Total Due:	\$200

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: \$100*

(continued on next page)

Section 4. Attestations

1. I certify my understanding that a pharmacist license placed in VOLUNTARY INACTIVE status is not valid for practice in Louisiana. Further, I understand and agree that I shall not represent myself to be a pharmacist within Louisiana since that privilege requires an active pharmacist license.

Yes No

2. 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