



Louisiana Board of Pharmacy

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Application for Louisiana Pharmacy Intern Registration

Note: This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the registration is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The application fee for this credential is **\$10**. We accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Personal Information

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

List All Other Names (Maiden, Married, etc.): _____

Place of Birth (City & State + Country if not USA): _____

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____

Note: Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be reflected on annual license renewals.

Section 2 – Contact Information

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____

Telephone Numbers (with A/C): _____
Home Mobile Home Fax

Section 3 – Pharmacy Education

Name of College/School of Pharmacy: _____

Location: _____
City & State + Country if not USA

College Identification No.: _____ Date (Mo / Yr) First Professional Year (P-1) Began: _____

Certification of Enrollment: In the event you are attending a college or school of pharmacy located outside the State of Louisiana, you must contact your school's administrative office and request they send a letter certifying your current enrollment status directly to the Board office. This information is automatically provided by the schools located within Louisiana for their students.

Certification of Graduation: In the event you graduated from a college or school of pharmacy located outside the State of Louisiana, you must contact your school's administrative office and request they send a Certification of Graduation (Form No. 10-NR, available on the Board's website) directly to the Board office. This information is automatically provided by the schools located within Louisiana for their students.

Do you have an FPGEC Certificate? No Yes If Yes: EE# _____ Date Issued: _____
(Required for graduates of schools not accredited by ACPE)

For Board Use Only:

Check No.: _____ Amount: _____

Approved by: _____ Issued: _____

Registration No.: _____

Section 4 – Other Pharmacy Credentials

Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

- No [Proceed to Section 5] Yes [Record information below; attach additional pages as necessary]

State	Type of Credential	Credential No.	Date Issued	Expiration Date	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes

For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted

Section 5 – Prior History

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the registration, or if the registration has already been issued, then the suspension or revocation of that registration.

1. Yes No Have you **ever** been issued any of the following:

 - A citation or summons, *and/or*
 - Has/have warrant(s) been issued against you, *and/or*
 - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
 - Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, *and/or*
 - Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes" and mail certified copies of the decision documents along with your personal letter of explanation.

 - 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.
2. Yes No Have you had a professional license as a pharmacy intern or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.
3. Yes No Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*

Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*

Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*

Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.
4. Yes No Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacy intern?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.
5. Yes No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

Section 6 – Photographic Identification

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

Staple one recent
passport size (2"x2")
fade-proof
photograph
in this block using the
guidelines at the left.

Date of Photograph: _____

Section 7 – Required Attachments

Please verify the presence of the required attachments:

- Yes No Birth certificate – must be legible copy. If not in English, must be accompanied by certified translation.
- Yes No Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- Yes No Social Security card – must be legible copy.
- Yes No Copies [or website verifications thereof] of other pharmacy credentials identified in Section 4.
- Yes No Documents as needed from Section 5.

Section 8 – Applicant's Affidavit

Note: This section of the application may only be completed in the presence of a Notary Public who must witness your sworn signature.

I, _____, the applicant, being duly sworn, attest to the following:

- I am the person referred to in this application, and the photograph above is a true likeness of me.
- With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.
- I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacy intern registration, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.
- I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board's refusal to issue the registration – or if the registration has already been issued, then the suspension or revocation of that registration.

Witnessed & Sworn Signature of Applicant

Sworn before me, the undersigned notary, this _____ day of _____ in 20_____.

Seal	_____ Printed Name of Notary Public
	_____ Signature of Notary Public
	_____ Parish or County
	_____ Expiration Date of Commission