



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Louisiana Pharmacy Intern Registration

Before You Begin:

- The Louisiana Board of Pharmacy is the state agency established by the Louisiana Legislature and authorized to regulate the practice of pharmacy in the state of Louisiana.
- The Board accomplishes its legislative mandate by (1) restricting the entry into pharmacy practice to qualified applicants, and (2) monitoring their practice for compliance with the federal and state laws and rules governing the practice of pharmacy.
- The Board has adopted rules governing pharmacy interns. A copy of those rules – *Chapter 7 ~ Pharmacy Interns* – is available in the *Louisiana Pharmacy Law Book* found on the Board's website at www.pharmacy.la.gov.
- With the privilege of obtaining a pharmacy intern registration comes the personal responsibility for reading, understanding, and complying with the Board's rules. In addition to the rules, the Board routinely publishes guidance information in its quarterly newsletter as well as bulletins and alerts. This information is distributed electronically; therefore, we encourage your inclusion of an email address on your application.
- This application package is intended for applicants seeking a pharmacy intern registration. The Board's rule defines "pharmacy intern" as an individual who is not yet licensed as a pharmacist in any jurisdiction and is:
 - Enrolled in an ACPE-accredited school of pharmacy; or
 - A graduate of an ACPE-accredited school of pharmacy awaiting examination for pharmacist licensure; or
 - A graduate of a pharmacy school not accredited by ACPE who has established educational equivalency through a program approved by the Board; or
 - Participating in a residency or fellowship.

Qualifications for Pharmacy Intern Registration:

- 1) The applicant shall be at least 18 years of age. In addition to entering the date of birth on the application form, the applicant shall attach a legible copy of their birth certificate. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we can accept a copy of a valid and unexpired passport, or in the alternative, a copy of a naturalization document from the U.S. government.
- 2) The applicant shall confirm their identity by entering their current legal name on the application form. In the event the name on the birth certificate differs from the current legal name entered on the application form, the applicant shall provide copies of the legal documents for every name change in the interim; examples of acceptable documents include marriage licenses and court decisions. Copies of driver's licenses are not acceptable for this purpose.
- 3) The applicant is not required to document their citizenship; however, the applicant is required to verify their legal authority to work in the United States by entering their Social Security number on the application form and attaching a legible copy of their Social Security card. There is no substitute for the Social Security number and the staff is required to return any application without this information and documentation.
- 4) The applicant shall meet one of three eligibility options relative to pharmacy education:
 - a. Option A
Provide proof of enrollment in an ACPE-accredited school of pharmacy.
 - For students enrolled in a school of pharmacy located within the State of Louisiana, the school administration will automatically send the Board a roster of enrolled students. The Board staff is required to wait for this official list from the

school. Even if the application is complete in every other aspect, the staff is obligated to review that official roster before issuing the intern registration.

- For students enrolled in a school of pharmacy located outside the State of Louisiana, the applicant should request the administrative office of that school to send the confirmation of their enrollment directly to the Board office. We cannot accept that document directly from the applicant.

b. Option B

Provide proof of graduation from an ACPE-accredited school of pharmacy.

- For applicants graduating from a school of pharmacy located within the State of Louisiana, the school administration will automatically send the Board a Certification of Graduation shortly after the graduation date. We cannot accept copies of that document directly from the applicant.
- For applicants graduating from a school of pharmacy located outside the State of Louisiana, the applicant should obtain a blank copy of *Form No. 10-NR ~ Certification of Graduation from an ACPE-Accredited College of Pharmacy Located Outside Louisiana* from the Board's website and request the dean of the school to complete the form and mail it directly to the Board office. We cannot accept copies of that document directly from the applicant.

c. Option C

Graduates of a pharmacy school not accredited by ACPE (foreign pharmacy schools) must demonstrate the equivalency of their pharmacy education to that of ACPE-accredited schools of pharmacy. The Board has approved the Foreign Pharmacy Graduate Equivalency Certificate (FPGEC) issued by the National Association of Boards of Pharmacy (NABP) for that purpose. Applicants who are foreign pharmacy graduates must provide their EE # issued by NABP as well as its date of issue. Board staff will verify that information with NABP.

- 5) The application fee is \$10.00. The Board can accept a check or money order drawn on any bank located within the United States, payable in U.S. dollars to the Louisiana Board of Pharmacy.
- 6) This application shall expire one year after the date of its receipt in the Board office. In the event the application expires before the registration is issued, the application shall be rendered null and void, and all fees attached shall be forfeited. Continued progress shall require a new application form and fee.

Criminal Background Check (CBC):

- The Louisiana Legislature (La. R.S. 37:1216) requires the Board to conduct a criminal history check on applicants for all credentials.
- Upon receipt of your properly completed application, staff will provide you with a packet of materials necessary to complete this process. The applicant shall submit their fingerprints for analysis by the Louisiana State Police and the Federal Bureau of Investigation (FBI). The applicant shall return the packet to the Board office, who will deliver the packet to the La. State Police Headquarters. Following their analysis, those agencies will prepare a report for the Board. Board staff must review that report before they can issue your registration.
- The time required to complete this process varies widely – from as little as one week to more than six weeks. When the analysts determine the fingerprints are of insufficient quality, the applicant must re-submit their fingerprints, which takes additional time for processing. The CBC process is controlled by the La. State Police and FBI. The Board has no control over how long it takes for those agencies to send their report to the Board. Applicants can substantially reduce the amount of time for that process by completing their packet at the La. State Police Headquarters in Baton Rouge, La. Instructions for this option are included in the packet of materials provided to the applicant, and the La. State Police charges an additional fee for this on-site service.
- The fee for the CBC is \$38.00, and it is payable to the La. State Police, not the Board of Pharmacy. The La. State Police does not accept cash or personal checks. Checks erroneously made payable to the Board of Pharmacy shall be returned to the applicant and will delay the CBC process. The fee for the additional on-site service at La. State Police is \$10.00 and is payable to that agency.
- We are not permitted to accept criminal history reports prepared by applicants, nor can we accept criminal history reports generated by or for another agency.

Application Notes:

- We encourage completion of the fillable form electronically before printing it for your signature.
- Please review your application package before sending it to the Board office; our experience is most processing delays result from incomplete applications and missing or incorrect documentation.
- We recommend you retain at least one copy of the application package before sending the original documents with a mail carrier.
- If it is important to you to know if and when the Board has received your application package, we recommend the mail tracing service (DHL, FedEx, UPS, or USPS) of your choice. Due to the volume of applications received on a daily basis, we are unable to prioritize responses to inquiries confirming our receipt of your materials.
- Please read the instructions to Section 5 – Prior History very carefully. In the event the information contained in the CBC report from the La. State Police and FBI differs from the information revealed in the responses to the questions in this Section, the application will be referred to the Board for its consideration, delaying the process considerably. With respect to prior history, there are no automatic barriers to registration – every case is considered on its own merits. The failure to provide all relevant information requested provides the Board with a sufficient legal basis to deny the application and refuse to issue the registration. Regrettably, the Board has already found it necessary to take such action
- The Louisiana Legislature requires all professional licensing agencies to verify applicant status with certain other agencies.
 - Staff will submit your name and pertinent information to the Louisiana Office of Student Financial Assistance (LOSFA). In the event that agency informs the Board the applicant is in default of a student loan, we are prohibited from issuing your registration even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LOSFA. We cannot release your registration until LOSFA confirms your compliance with their requirements.
 - Staff will submit your name and pertinent information to the Louisiana Department of Children & Family Services (DCFS). In the event that agency informs the Board the applicant is in default of court-ordered child support, we are prohibited from issuing your registration even if you have met all of the Board's requirements. In that case, we will inform you and refer you to DCFS. We cannot release your registration until DCFS confirms your compliance with their requirements.
 - Staff will submit your name and pertinent information to the Louisiana Department of Revenue (LDR). In the event that agency informs the Board the applicant owes any money to the State of Louisiana (taxes or any other obligations), we are prohibited from issuing your registration even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LDR. We cannot release your registration until LDR confirms your compliance with their requirements.

Pharmacy Intern Registration:

- The pharmacy intern registration acquired via Options A or B shall expire one year after the date of graduation from an ACPE-accredited school of pharmacy, and it shall not be renewed.
- The pharmacy intern registration acquired via Option C (foreign pharmacy graduate) shall expire two years after the date of issue, and it shall not be renewed.
- The Board may issue only one registration to a person; multiple credentials of the same type are not permitted.
- The board reserves the right to refuse to issue, recall, or discipline a pharmacy intern registration for cause.
- Pharmacy interns shall wear appropriate attire and be properly identified as to name and intern status while on duty in the prescription department.
- A pharmacy intern shall notify the board, in writing, no later than 10 days following any change of mailing address or any change of location of pharmacy employment. *Form No. 90 ~ Change of Mailing Address or Employment* is available on the Board's website for this purpose.
- When the pharmacy intern has completed the requirements for pharmacist licensure, the intern may apply at their leisure. It is not necessary (or prudent) to wait until the expiration date of the pharmacy intern registration to apply for the pharmacist license.

Professional Experience in a Pharmacy:

- A pharmacy intern shall possess a registration prior to performing any professional function or acquiring any professional experience in a pharmacy.
- A pharmacy intern shall not work in a pharmacy where its permit is on probation with the board.
- A pharmacy intern shall not work under the supervision of a pharmacist whose license is on probation with the board.
- An application for pharmacist licensure requires the intern to demonstrate the acquisition of at least 1,740 hours of professional experience; however, the Board will automatically issue a credit of 1,740 hours to all applicants completing the professional experience curriculum in an ACPE-accredited school of pharmacy. While the intern is not required to earn professional experience separate and apart from the curriculum, there could be substantial benefit for those interns electing to do so. Interns contemplating pharmacist licensure in another state should consult with the state board of pharmacy in that state to determine their professional experience requirements.
 - Pharmacy interns seeking Board credit for professional experience acquired in a pharmacy located within the State of Louisiana shall document that experience using *Form No. 21 ~ Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Interns Within Louisiana*, available on the Board's website, and submit the completed form to the Board office.
 - Pharmacy interns seeking Board credit for professional experience acquired in a pharmacy located outside the State of Louisiana shall document that experience using *Form No. 22 ~ Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Interns Outside Louisiana*, available on the Board's website, and submit the completed form to the Board office.
- A separate Pharmacist's Certification form must be completed for each pharmacy where hours were earned.
- Hours of professional experience shall expire two years after the expiration date of the pharmacy intern registration and shall no longer be valid for pharmacist licensure.



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Telephone 225.925.6496 ~ Facsimile 225.925.6499

www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New 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

Section 3 – Pharmacy Education

Name of College/School of Pharmacy: _____

Location: _____
City & State + Country if not USA

Option A
I am currently enrolled. My student identification number is _____. My P-1 year began (Mo / Yr) _____.

Option B
I graduated on _____. I have requested a Certification of Graduation from the dean of the school.

Option C
My school is not accredited by ACPE. NABP issued my FPGEC on _____. My EE # is _____.

For Board Use Only:

Check No.: _____ Amount: _____

Approved by: _____ Issued: _____

Registration No.: _____

Section 4 – Pharmacy Credentials from Other States

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 Copy [or website verification thereof] of other pharmacy credentials identified in Section 4.
- Yes No Documents as needed from Section 5.

Section 8 – Applicant's Attestation & Signature

By my signature below, I agree with and attest to the following statements:

- 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.

Date

Signature of Applicant