



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
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## Application for Renewal of Pharmacy Technician Certificate for 2020-2021 Special Application for Technician Military Spouse

Please complete, date and sign this application, and then mail it to the Board office, at the address noted above, between May 1 and July 1. There is no fee due with this application. However, an incomplete application, including one without the required attachments, will be returned to the applicant. Applications received after July 30 may be subject to additional reinstatement procedures.

### Section 1. Contact Information

Name: \_\_\_\_\_ Certificate No.: CPT. \_\_\_\_\_ -MS

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

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

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

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

*\* May be used for official communications. \**

### Section 2. Continuing Pharmacy Education (CPE) 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 technician certificate?

- I earned at least 10 hours of technician specific ACPE-accredited or board-approved CPE between July 1, 2019 and June 30, 2020 – and all of my CE records are on file at CPE Monitor, where I have included my La. certificate number.
- I am exempt from the CPE requirements this year because I received my original technician certificate from the Louisiana Board of Pharmacy on or after July 1, 2019.
- None of the above.

### Section 3. Military Exemption

To qualify for the exemption from renewal fee, you provided the name and other information for your military spouse and certified the spouse's current service on active duty. To continue the exemption, please certify all of the original information is still accurate.

- Yes     No        I am still married to the same military person who is still serving on active duty.

*[NOTE: In the event you are no longer married to the military person, or the military person is no longer serving on active duty, you no longer qualify for the military exemption. Stop here, then retrieve and complete Form No. 41 – Application for Renewal of Pharmacy Technician Certificate.]*

#### Section 4. 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 this question 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. Since my last renewal, I moved **TO** Louisiana from another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- Yes       No

6. Since my last renewal, I moved **FROM** Louisiana to another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- Yes       No

### Section 5. Disciplinary History

Since July 1 of last 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, DWI, or OWI events must be reported, regardless of final disposition.*
- Yes  No B. Have you had a professional license as a pharmacy technician or any other health care provider denied, suspended, revoked, 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 pharmacy technician?
- 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 4-A, an affirmative response to any question in this Section requires two attachments: (1) a letter of explanation from you describing the incident in your own words, as well as (2) a certified copy of the disciplinary or adverse action.]*

### Section 6. Attestation

By my signature below, I certify that all of the answers provided to the survey questions and all of the information provided during this renewal process are true and accurate. Further, I understand and agree that the provision of false information would result in the acquisition of a certificate by fraud or misrepresentation, which would provide a cause of action by the Board. Said action could result in the refusal to issue the renewal, or if already issued the suspension or revocation of my license.

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