



Louisiana Board of Pharmacy

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Application for Renewal of Pharmacy Technician Certificate for 2016-2017 – Special Application for Technicians on Active Duty in Military Service

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, 2015. 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, 2016 shall be subject to additional reinstatement procedures and fees.

Section 1. Contact Information

Name: _____ Certificate No.: CPT. _____-M

Mailing Address: _____

City, State, ZIP: _____ Parish / County: _____

Telephone No: (Home) _____ (Mobile) _____

Email address: _____

* May be used for official communications. *

Section 2. Military Exemption

1. Are you currently serving on active duty in one of the following branches of the United States Armed Forces: Air Force, Army, Coast Guard, Marines, or Navy?

Yes No

[NOTE: In the event you are 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 Technician Certificate for 2015-2016.*]

2. Please identify the service with which you are currently affiliated:

Air Force Army Coast Guard Marines Navy

3. Please attach a copy of your active duty orders to this application form. Applications received without this document will be returned to the applicant.

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 this question as part of your license renewal process. We appreciate your cooperation with this initiative.

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 |

Section 4. 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 or DWI 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 1-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 5. Attestation

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.

Yes No

Signature: _____ Date: _____

Original required; no stamps or facsimile accepted