



Louisiana Board of Pharmacy

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



Application for Reinstatement of Pharmacy Technician Certificate

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above. The total fee due with this application is **\$275**. An incomplete application, including one without the required attachments, will be returned to the applicant. During the consideration of your application, it may be necessary for you to personally appear before the Board's Reinstatement Committee; if you are noticed for such a hearing, an additional \$250 administrative hearing fee will be required.

Section 1. Contact Information

Name: _____ Certificate No.: CPT. _____

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 during the twelve month period preceding the date of this application, and I have attached a copy of my CPE Monitor transcript as evidence.
- I have not complied with the continuing education requirements.

Section 3. Most Recent Practice Information

When was the last date you practiced as a pharmacy technician? _____

What was the location of your practice on the date above? _____

What activities have occupied your time since your technician certificate expired? (family, school, work in another field, etc.?)

Section 4. Disciplinary History

Since the date you last renewed your Louisiana pharmacy technician certificate, 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 5. Attestations

By my signature below, I certify that all of the answers provided herein and all of the information provided during this reinstatement 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 certificate.

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