



# Louisiana Board of Pharmacy

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## OFFICIAL APPLICATION FOR AN AUTOMATED MEDICATION SYSTEM (AMS) REGISTRATION

Application shall be submitted to the board office no later than 30 days prior to installation of the system. (LAC 46:LIII§1203.5.) Registration shall expire on June 30 each year. (LAC 46:LIII§1203.4.)

### FEES:

- Fee - if facility address differs from the pharmacy address include \$150.00 (LAC 46:LIII:1203.2).
- Fee - if facility address is the same as the pharmacy address no fee is required (LAC 46:LIII:1203.3).
- **If a fee is required make check/money order payable to LA Board of Pharmacy.**

### FOR BOARD OFFICE USE ONLY

Ck# \_\_\_\_\_ Amt \_\_\_\_\_  
 Rec'd \_\_\_\_\_ C.O. \_\_\_\_\_  
 Permit# \_\_\_\_\_ Issued: \_\_\_\_\_

FALSIFICATION OF ANY PORTION OF THIS APPLICATION IS A VIOLATION OF LA R.S. 37:1241.A.(2) AND MAY RESULT IN FORFEITURE OF THIS APPLICATION OR REVOCATION OF LICENSE and/or PERMIT.

### SECTION 1 – Reason for Application (SELECT ONE)

<input type="checkbox"/> Registration of New System	<input type="checkbox"/> Relocation of Existing System	<input type="checkbox"/> Ownership Transfer of Existing System
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### SECTION 2 – Provider Pharmacy Information (Enter information as it appears on the pharmacy permit)

Pharmacy Name:	LA Board of Pharmacy Permit Number:	
Pharmacy Address:		
City:	State:	Zip:
Pharmacy Telephone Number (including area code):		
Pharmacist-in-Charge (PIC – signature required below):	PIC LA License Number:	

### SECTION 3 – Facility where AMS is Located (Attach copy of DHH permit if not licensed by LA Board of Pharmacy)

Facility Name:	Louisiana Dept Health Hospitals (DHH) Permit Number:	
Physical Address:		
City:	State:	Zip:
Name of Administrator (signature required below):	Facility Telephone Number (including area code):	
Enter AMS permit number (if relocation or ownership transfer selected in Section 1):		

### SECTION 4 – Equipment Information

Type of Equipment/System:	Model:
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\_\_\_\_\_  
(Original Signature of Provider Pharmacy PIC)  
LAC 46:LIII§1203.5.

\_\_\_\_\_  
(Original Signature of Facility Administrator)  
LAC 46:LIII§1203.5.