



Louisiana Board of Pharmacy

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OFFICIAL APPLICATION FOR AN EMERGENCY DRUG KIT (EDK) PERMIT

Permit shall expire on July 1 each year.

A **Non-Refundable fee of \$25.00** must be submitted with each application. A separate application is required for each EDK maintained.
Make check or money order payable to Louisiana Board of Pharmacy.

FOR BOARD OFFICE USE ONLY	
CK# _____	AMT _____
REC'D _____	C.O. _____
PERMIT # _____	ISSUED ON: _____

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"/> New Nursing Home	<input type="checkbox"/> Location Change of Existing Nursing Home
<input type="checkbox"/> Additional Kit at Existing Nursing Home	<input type="checkbox"/> Change in Provider Pharmacy
<input type="checkbox"/> Ownership Transfer of Existing Nursing Home	

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 – Long-term Care Facility / Institution Information (ATTACH COPY OF DHH PERMIT)

Facility Name:	Louisiana Dept Health Hospitals (DHH) Permit Number:	
Physical Address:		
City:	State:	Zip:
Mailing Address (If different from physical address):		
Name of Administrator (signature required below):	Facility Telephone Number (including area code):	
Enter number(s) of existing EDK permit(s):	Number of Beds:	

SECTION 4 – Ownership of Facility / Institution

Name of Facility Owner:	Owner's Business Telephone (including area code):
Owner's Address:	

(Original Signature of Provider Pharmacy PIC)
LAC 46:LIII§1711

(Original Signature of Facility Administrator)
LAC 46:LIII§1711.B.1.