



Louisiana Board of Pharmacy

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Application for Louisiana Hospital Off-Site Satellite Pharmacy Permit

Notices

- Chapter 15 of the Board's rules identifies the requirements for the opening and operation of hospital off-site satellite pharmacies. Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments. Section 1131 of that Chapter identifies requirements relative to the opening of a new pharmacy. All of our laws and rules may be accessed on our website, at www.pharmacy.la.gov.
- We encourage you to type your entries on the application. If you choose to print, please do so legibly using blue or black ink. Do not use pencil. Applications completed in pencil, or those with illegible entries, shall be returned to the applicant's designated contact person.
- Please do not use entries such as "See attached"; an appropriate entry shall be made in each section. Incomplete applications shall be returned to the applicant's designated contact person.
- Blank applications may be copied as needed; please use standard copy paper. Applications completed or reproduced on thermal or waxy paper will not be accepted, and they shall be returned to the applicant's designated contact person.
- We encourage you to review your application and attachments prior to submission to the Board. Our experience shows the most common reason to return an application is for incomplete documents. This will only delay the processing of your application.
- The application shall be submitted to the Board office, at the address noted hereinabove, at least thirty (30) days prior to the anticipated opening date of the new pharmacy or the ownership transfer.
- Upon preliminary approval of the application by the Credentials Division, the applicant's designated contact person will be provided with information to that effect. In addition, we will also provide sufficient information to contact a pharmacist compliance officer for the purpose of arranging a site inspection at a mutually agreeable date and time.
- When the pharmacist compliance officer has completed the site inspection and certified compliance with the appropriate requirements, the Board will issue the permit and alert the provider pharmacy's Pharmacist-in-Charge.
- Pharmacy permits expire at midnight on December 31 of every calendar year, regardless of the date of issuance. Pharmacies may not operate with expired permits. There is no 'grace' period.
- This is a virtual, or paperless, credential. The status of the permit can be verified at any time at the Board's website. Printed copies of the website verification are coded with a time stamp. Requests for written verification of the status of any credential from the Board office shall be accompanied by payment of the \$20 fee for that service.

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Section 5 – Satellite Pharmacy Information

Name (d/b/a): _____

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

DHH License No. for Facility: _____ [Please attach legible copy of license or website verification thereof.]

Section 6 – Special Services

Please indicate whether the satellite pharmacy will perform any of these special services.

Will this pharmacy perform any non-sterile compounding services? No Yes **

Will this pharmacy perform any sterile compounding services? No Yes **

Will this pharmacy utilize an Automated Medication System (AMS)? No Yes

Will this pharmacy dispense or distribute any prescription medical devices? No Yes

Will this pharmacy dispense or distribute any medical gases? No Yes

** The Louisiana Board of Pharmacy requires compliance with current federal standards as described in the United States Pharmacopoeia (USP).

Section 7 – Required Attachments

Please indicate the attachment of the following required documents:

Yes No DHH License for Hospital Location Housing Provider Pharmacy

Yes No DHH License for Hospital Location Housing Satellite Pharmacy

Section 8 – Controlled Dangerous Substances

In the event this satellite pharmacy intends to procure, possess, compound, distribute, dispense, and/or hold for administration any controlled dangerous substances, a Louisiana Controlled Dangerous Substance (CDS) License and US Drug Enforcement Administration (DEA) Registration are both required for that activity. A separate application form for the CDS license is available at the Board's website. Please contact the DEA to apply for their registration.

Section 9 – Applicants' Attestations

The Owner's Managing Officer (OMO) and the Pharmacist-in-Charge (PIC) identified in Section 3 of this application shall complete their respective signature blocks on the following page, but only in the presence of a Notary Public who shall witness their signatures.

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The individual identified as the Owner's Managing Officer (OMO) in Section 3 of the application form is required to sign and date this block, which shall be accomplished only in the presence of a notary public.

Owner's Managing Officer	
I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in both the notices and this application form, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.	
_____ Signature of Owner's Managing Officer	_____ Date
I hereby certify that the Attestations of the Owner's Managing Officer were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.	
Seal	_____ Signature of Notary Public
	_____ Parish or County
	_____ Expiration Date of Commission

The individual identified as the Pharmacist-in-Charge (PIC) in Section 3 of the application form is required to sign and date this block, which shall be accomplished only in the presence of a notary public.

Pharmacist-in-Charge	
I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in both the notices and this application form, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.	
_____ Signature of Pharmacist-in-Charge	_____ Date
I hereby certify that the Attestations of the Pharmacist-in-Charge were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.	
Seal	_____ Signature of Notary Public
	_____ Parish or County
	_____ Expiration Date of Commission