



Louisiana Board of Pharmacy

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



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.
- Blank applications may be copied as needed; please use standard non-colored copy paper. Applications completed or reproduced on thermal or waxy paper or colored 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; however, since CBC reports (see below) may take 6-8 weeks, applicants may wish to submit applications sooner. Applications are valid for one year after their receipt in the office.
- Upon receipt of your properly completed application, we will forward criminal background check (CBC) materials to the pharmacist-in-charge, as well as any owner(s) identified as holding 20% or more share of the business. We must review the CBC reports from the La. State Police and FBI before issuing the permit; our historical experience for CBC report production and transmission to the Board office is 6-8 weeks.
- 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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Application for Louisiana Hospital Off-Site Satellite Pharmacy Permit

(Complete this application for hospital off-site satellite pharmacies located within Louisiana.)

Note: This application shall be valid for up to one year after the date of its receipt in the Board office. In the event the permit is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The permit application fee is **\$175**; we accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Type of Permit Requested & Fees

Please select the appropriate classification for your pharmacy and note the associated application fee.

PHY-SAT ~ Hospital Off-Site Satellite (**\$175**)

Section 2 – Reason for Application & Date of Opening

New Pharmacy Permit

Anticipated Date of Opening: _____

Change of Ownership of Existing Permit No. _____

Section 3 – Provider Pharmacy Information

The provider pharmacy is the main pharmacy in the hospital that will supervise the off-site satellite pharmacy.

Name (d/b/a): _____

Physical Address: _____

City, State, ZIP: _____

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

Pharmacy Permit No.: _____

Pharmacist-in-Charge (PIC): _____

Section 4 – Applicant’s Designated Contact Person

Name: _____

Company: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Section 5 – Delegation of Authority

The President, Secretary, or Chief Executive Officer shall execute a corporate resolution specifying the authority for the Pharmacist-in-Charge to execute this application for the initial issuance of the pharmacy permit as well as all subsequent applications for the renewal or reinstatement of the pharmacy permit. A copy of that resolution shall be included in the application package.

For Board Use Only:

Check No.: _____ Permit No.: _____

Amount: _____ Issued: _____

Section 6 – Satellite Pharmacy Information

Name (d/b/a): _____

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

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

Section 7 – 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 8 – Required Attachments

Please indicate the attachment of the following required documents:

Yes No LDH License for Hospital Location Housing Provider Pharmacy

Yes No LDH License for Hospital Location Housing Satellite Pharmacy

Section 9 – 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 10 – Attestations

By their signature below, the Pharmacist-in-Charge (PIC) attests their knowledge and agreement with the following statements:

I understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents unless the pharmacy is issued a permit by the Board.

I understand and agree that no permit to operate a pharmacy shall be granted or renewed unless evidence satisfactory to the Board ensures that a pharmacist will be on duty during normal business hours.

I understand and agree that a permit to operate a pharmacy shall not be transferable to a new owner.

I understand and agree that this pharmacy shall be operated in compliance with the Louisiana Pharmacy Practice Act (La. R.S. 37:1161 to 1250) and the professional and occupational standards found in Part LIII of Title 46 of the Louisiana Administrative Code, as well as all other federal and state laws and rules that may be applicable to the scope of services rendered to Louisiana residents at this pharmacy.

_____ Printed Name of Pharmacist-in-Charge	_____ Signature of Pharmacist-in-Charge
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