



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Louisiana Pharmacy Permit

Notices

- 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 re-format the application to accommodate your entries. Applications reformatted from the posted version 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; 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 owner's managing officer, 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 Board compliance officer, for the purpose of arranging a site inspection at a mutually agreeable time.
- When the Board's compliance officer has completed the site inspection and certified compliance with the appropriate requirements, the Board will mail the permit to the pharmacy, to be followed shortly thereafter by a printed copy of the *Louisiana Pharmacy Law Book*.
- Pharmacy permits expire at midnight on December 31 of every calendar year, regardless of the date of issuance. A pharmacy may not operate with an expired permit.
- In the event your pharmacy intends to procure, possess, compound, distribute, dispense, and/or hold for administration any controlled dangerous substances, a Louisiana Controlled Dangerous Substance (CDS) License is required for that activity. A separate application form (No. 115) is available for that credential at the Board's website.



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3388 Brentwood Drive
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Website: www.pharmacy.la.gov ~ Email: info@pharmacy.la.gov



Application for New Louisiana Pharmacy Permit

Note: This application form 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. Unless exempted, the permit application fee is **\$175** and is non-refundable; 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; Reason for Application

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

- RC – Community – Chain [5+ stores] (\$175)
- IR – Community (\$175)
- HOS – Hospital (\$175)
- IN – Institutional (\$175)
- PEN – Penal (\$175)
- NU – Nuclear (\$175)
- CH – Charitable (\$175)
- IRX – Community (Fee-exempt*)
- HOX – Hospital (Fee-exempt*)
- INX – Institutional (Fee-exempt*)
- PEX – Penal (Fee-exempt*)
- SPL – Special Event (\$175)
- RPP – Remote Processor (\$175)
- SAT – Hospital Satellite (\$175)
- TDS – Telepharmacy Site (\$175)

*NOTE: The issuance of a fee-exempt permit shall require documentation of state government ownership.

Reason for Application

- New Permit
 - Transfer of Ownership of Existing Permit → Please enter current permit number: _____
- Anticipated Date of Opening / Transfer: _____

Section 2 – Permit Owner Information

Legal Name of Permit Owner: _____

Type of Organization: Individual Partnership Corporation LLC Government

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

FEIN: _____ Attach a copy of either the IRS assignment letter or a signed W-9 form.

- Has this firm ever been denied a pharmacy permit in any jurisdiction? Yes No
- Does this firm currently own any other pharmacy? Yes No

If the owner identified here owns any other pharmacy in any state, please attach an itemized listing of all such pharmacies. For each such pharmacy listed, please provide the name and physical address of the pharmacy, the permit number of that pharmacy, and whether or not that pharmacy has ever been sanctioned, disciplined, restricted, or limited by any state board of pharmacy or by any local, state, or federal government agency or by any local, state, or federal court. In the event of any such action, or a denial of an application for a pharmacy permit in any jurisdiction, please provide a copy of the board, agency, or court decision document.

For Board Use Only:

Check No.: _____ C.O.: _____

Amount: _____ Permit No.: _____

Interview Required: Yes No Issue Date: _____

Section 3 – Applicant’s Designated Contact Person

Name _____
Company _____
Address _____
City, State, ZIP _____
Telephone _____ Facsimile _____ Email _____

Section 4 – Individual Ownership Information

Identify and account for 100% of the ownership of the legal entity identified in Section 2 above. For each **person** so identified, please attach documentation of the following: (1) full legal name, (2) date of birth, (3) Social Security Number, (4) mailing address, (5) telephone number, and (6) percentage of ownership or fraction thereof. Further, in the event any owner holds, or has ever held, a professional license or other credential issued by any state government agency, please provide a legible copy of the credential [or website verification thereof] and indicate whether or not the credential has ever been sanctioned or disciplined by any state licensing agency, or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any sanction or discipline, or if an application for such a credential has ever been denied in any jurisdiction, please provide a copy of the board, agency, or court decision document. Finally, please alert any such person holding 20% or more ownership interest to expect a request and appropriate materials for a criminal background check from this office. We are unable to accept or rely on similar checks performed by other entities. For each **organization** so identified, please attach documentation of the following: (1) full legal name, (2) Federal Employer Identification Number, (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting for 100% of the ownership of the organization. Where there are multiple levels, please provide an organizational chart clearly identifying the corporate relationships.

Section 5 – Pharmacy Information

Trade Name [d/b/a]: _____
Physical Address: _____
City, Parish, State, ZIP: _____
Telephone: _____ Facsimile: _____ Email: _____
** May be used for official communications. **
Mailing Address: _____
City, State, ZIP: _____

Section 6 – Registered Agent for Service of Process

Name: _____
Louisiana Mailing Address: _____
City, State, ZIP: _____

Section 7 – Special Services

- Has this pharmacy already dispensed any prescription medications or devices to Louisiana residents? No Yes*
- Will this pharmacy perform any non-sterile compounding services for Louisiana residents? No Yes**
- Will this pharmacy perform any non-sterile compounding services for residents of other states? No Yes**
- Will this pharmacy perform any sterile compounding services for Louisiana residents? No Yes**
- Will this pharmacy perform any sterile compounding services for residents of other states? 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

* Please attach a detailed accounting for such prescriptions (transaction register is acceptable).

** The Louisiana Board of Pharmacy requires compliance with current federal standards as described in the USP.

Section 8 – Owner’s Managing Officer (OMO)

The individual identified in this section shall be the person authorized by the owner(s) to act on their behalf and shall be responsible to the Board for the proper operation of the pharmacy in compliance with all laws and regulations.

Name: _____

Date of birth: _____ Social Security Number: _____

Corporate Position/Title: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

** May be used for official communications. **

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the Owner’s Managing Officer with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the permit.

1. Yes No Have you **ever** been issued any of the following:
 - A citation or summons, *and/or*
 - Has/have warrant(s) been issued against you, *and/or*
 - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
 - Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, *and/or*
 - Been sentenced or pardoned,for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes” and mail certified copies of the decision documents along with your personal letter of explanation.

 - Traffic violations such as speeding or parking tickets do not need to be reported; however,
 - DUI/DWI events must be reported, regardless of final disposition.

2. Yes No Have you **ever** had a professional license denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*
Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

3. Yes No Have you been discharged from the military on ground(s) other than an honorable discharge?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of the discharge and documentation of the underlying action(s) resulting in the discharge.

4. Yes No Have you been reported to the National Practitioner Data Bank (NPDB)?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the report from the NPDB.

5. Yes No Have you filed an application for a credential in another state or jurisdiction but were denied or refused?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the decision document.

6. Yes No Have you ever been licensed or credentialed in a country other than the United States?

In the event of an affirmative reply to this question, please provide a legible copy of that credential along with the name and address of the certifying authority.

7. Yes No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all discharge summaries and other relevant medical and/or treatment records.

Section 9 – Pharmacist-in-Charge (PIC)

No person may accept an appointment as the PIC of a Louisiana pharmacy permit until the Board has received his properly executed Affidavit of Acknowledgment and Acceptance of Responsibility of Pharmacist-in-Charge, a blank copy of which is accessible on the Board's website.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

** May be used for official communications. **

Louisiana PST License No.: _____

Do you currently serve as the PIC of any other Louisiana pharmacy permit? No Yes [Permit No. PHY. _____]

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the Pharmacist-in-Charge with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the permit.

1. Yes No Have you **ever** been issued any of the following:

- A citation or summons, *and/or*
- Has/have warrant(s) been issued against you, *and/or*
- Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
- Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, *and/or*
- Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes" and mail certified copies of the decision documents along with your personal letter of explanation.

- Traffic violations such as speeding or parking tickets do not need to be reported; however,
- DUI or DWI events must be reported, regardless of final disposition.

2. Yes No Have you had a professional license as a pharmacist or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

3. Yes No Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*
Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*
Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*
Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

4. Yes No Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacist?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

5. Yes No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

Section 10 – Required Attachments

Please verify the presence of the required attachments:

- All Pharmacies
 - (1) IRS document from Section 2.
 - (2) Information on other pharmacies from Section 2.
 - (3) Individual ownership information from Section 4.
 - (4) Documents required from OMO in Section 8.
 - (5) Documents required from PIC in Section 9.

- Ownership Transfers

By the attached letter, the owner of the existing pharmacy permit shall confirm the pending sale to the applicant as well as the anticipated transfer date recorded in Section 1. The new owner shall confirm the sale with a copy of the Bill of Sale or similar legal document.

- Nuclear Pharmacies

Applicant shall provide a legible copy of the Radioactive Materials (RAM) license issued by the La. Dept. of Environmental Quality, identifying the qualified nuclear pharmacists for that site.

- Charitable Pharmacies

Applicant shall provide a legible copy of the IRS letter granting the applicant the appropriate tax-exempt status.

- Hospital Off-Site
Satellite Pharmacies

Applicant shall identify the provider pharmacy, its pharmacy permit number, and its pharmacist-in-charge.

- Telepharmacy Dispensing
Sites

Applicant shall identify the central pharmacy, its permit number, and its pharmacist-in-charge.

Section 11 – Attestations

By their signatures below, the Owner's Managing Officer (OMO) and the Pharmacist-in-Charge (PIC) attest their knowledge and agreement with the following statements:

We 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.

We 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.

We understand and agree that the parties executing this application may be required to personally appear before the Board prior to any decision on the permit application.

We understand and agree that no person shall carry on, conduct, or transact business under a name which contains a part thereof the words "pharmacist", "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "druggist", "drugs", or any word or words of similar or like import, or in any manner by advertisement, circular, poster, sign, or otherwise describe or refer to a place of business by the terms of "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "drugs", or any word or words of similar or like import, unless the place of business is validly permitted by the Board.

We understand and agree a prescription issued solely on the results of answers to an electronic questionnaire, in the absence of a documented patient evaluation including a physical examination by the prescriber, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription, and further, that a pharmacist who dispenses prescription drugs in violation of Section 2515 of the Board's rules is not acting in the best interest of the patient and is dispensing outside the course of the professional practice of pharmacy.

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

We 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.

The individual identified in Section 8 of the application form is required to sign and date this block, which shall be done only in the presence of a notary public.

Owner's Managing Officer

Having been duly sworn by the undersigned notary, 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 this section, 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.

Printed Name of Owner's Managing Officer

Signature of Owner's Managing Officer

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 in Section 9 of the application is required to sign and date this block, which shall be done only in the presence of a notary public.

Pharmacist-in-Charge

Having been duly sworn by the undersigned notary, 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 this section, 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.

Printed Name of Pharmacist-in-Charge

Signature of Pharmacist-in-Charge

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