



Louisiana Board of Pharmacy

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Application for New Louisiana Pharmacy Permit

Notices

- This application form is valid for all of the different classifications of pharmacies in Louisiana with the exception of the hospital off-site satellite pharmacy as well as therapeutic marijuana pharmacy. For hospital off-site satellite pharmacies, select Form No. 53-S; for marijuana pharmacies, select Form No. 53-TM. Both of those forms are available on the Board's website.
- Chapter 11 of the Board's rules specifies 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 prior to printing the application form. 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 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 Board compliance officer to arrange a site inspection.
- 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 issue. 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.
- In the event your pharmacy intends to compound non-sterile or sterile preparations, the Louisiana Board requires compliance with the current federal standards for compounding identified in the United States Pharmacopeia – <795> for non-sterile preparations and <797> for sterile preparations.

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.

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 – Special Services

- | | | |
|---|-----------------------------|--------------------------------|
| Has this pharmacy already dispensed any prescription medications or devices to Louisiana residents? | <input type="checkbox"/> No | <input type="checkbox"/> Yes* |
| Will this pharmacy perform any non-sterile compounding services for Louisiana residents? | <input type="checkbox"/> No | <input type="checkbox"/> Yes** |
| Will this pharmacy perform any non-sterile compounding services to residents in other states? | <input type="checkbox"/> No | <input type="checkbox"/> Yes** |
| Will this pharmacy perform any sterile compounding services for Louisiana residents? | <input type="checkbox"/> No | <input type="checkbox"/> Yes** |
| Will this pharmacy perform any sterile compounding services to residents in other states? | <input type="checkbox"/> No | <input type="checkbox"/> Yes** |
| Will this pharmacy utilize an Automated Medication System (AMS)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Will this pharmacy dispense or distribute any prescription medical devices? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Will this pharmacy dispense or distribute any medical gases? | <input type="checkbox"/> No | <input type="checkbox"/> 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 7 – 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.

Section 8 – 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 9 – 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) Corporate resolution from Section 7.
 - (5) Documents required from PIC in Section 8.
- 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.
- Telepharmacy Dispensing Sites

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

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 the parties executing this application may be required to personally appear before the Board prior to any decision on the permit application.

I 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.

I 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.

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.

<hr style="width: 80%; margin: 0 auto;"/> Printed Name of Pharmacist-in-Charge	<hr style="width: 80%; margin: 0 auto;"/> Signature of Pharmacist-in-Charge
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