



Louisiana Board of Pharmacy

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Application for Late Renewal of an Automated Medication System (AMS) Registration For Year 2016-2017

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

Pharmacy Permit No.: _____

Please complete the application form and submit with **\$150** fee, payable to "Louisiana Board of Pharmacy." An incomplete form, or one submitted with the incorrect fee, shall be returned without processing. Applications received on or after July 31, 2016 shall be subject to additional procedures and fees.

The AMS registration serviced by this pharmacy at the facility identified below expired on June 30, 2016.

Note: Registrations are not transferable. If provider pharmacy or ownership of facility has changed, a new registration is required.

TO CANCEL REGISTRATION:

1. Write "CANCEL" across form
2. Obtain PIC signature below
3. Return form to Board as soon as possible

TO RENEW REGISTRATION:

1. Line through the incorrect data and legibly print or type the correct data; attach additional sheet if necessary
2. Enter DHH license number
3. Enter facility telephone number
4. Obtain original signature of provider pharmacy's Pharmacist-in-Charge **AND** Administrator of Facility
5. Submit completed application and fee to the above address

Facility Information:

AMS Registration No. AMS. _____ DHH Lic. No. _____ Telephone (_____) _____ -- _____

Facility Name: _____

Facility Address: _____

City, State, ZIP: _____

In accordance with Pharmacy Law, LA R.S. 37:1182, *et seq.*, and Pharmacy Regulations, LAC 46:LIII:1201, application is hereby made to renew the Registration of an Automated Medication System located at the Facility named above. 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.

Printed Name of PIC and License No.

Printed Name of Facility Administrator

Original Signature of Provider Pharmacy PIC
Must match current PIC of Record

Original Signature of Facility Administrator