



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
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## Application for Late Renewal of Automated Medication System (AMS) Registration For Year 2020-2021

Please select the appropriate classification for your pharmacy as indicated in the suffix of your permit number and note the associated application fee.

- AMS (\$150 / \$350\*)                       AMX – (\$0 / \$200\*)

We encourage you to enter the information into the online version of this document before printing it. If you elect to print the form first, please record your information legibly using blue or black ink. Date and sign the completed form and then return it to the Board office at the address noted above. For payment of the fee, we accept checks or money orders drawn on any bank located within the U.S. payable in U.S. dollars to the Louisiana Board of Pharmacy. An incomplete application, including one without the required attachments, shall be returned to the applicant unprocessed. An application hand-delivered, postmarked, or placed with a mail carrier on or after July 31 shall require the higher fee noted above (\*) as well as additional procedures.

Pharmacy Name: \_\_\_\_\_ Permit No. PHY. \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy City, State, ZIP: \_\_\_\_\_

*Note: Permits are not transferable; if ownership of the provider pharmacy or facility has changed, a new permit is required.*

### TO CANCEL PERMIT:

1. Write "CANCEL" across form
2. Obtain PIC signature below
3. Return form to Board by June 30, 2020

### TO RENEW PERMIT:

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

AMS Registration No. AMS. \_\_\_\_\_ Facility LDH License No. \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

We, the undersigned responsible parties, submit this application for the renewal of the identified AMS registration. We agree the submission of any false information shall substantiate a violation of R.S. 37:1241(A)(2) and may result in the denial of this application, or if the permit was already issued, the suspension or revocation of the permit.

\_\_\_\_\_  
Printed Name of Pharmacist-in-Charge (PIC)

\_\_\_\_\_  
Printed Name of Facility Administrator

\_\_\_\_\_  
Signature of Pharmacist-in-Charge (PIC)

\_\_\_\_\_  
Signature of Facility Administrator

*\*Original signatures required – no stamps, proxies, or facsimiles accepted.\**