Louisiana Board of Pharmacy

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Application for Renewal of a Fee-Exempt Automated Medication System (AMS) Registration for Year 2016-2017

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

Pharmacy Permit No.: _____

$0	If postmarked, hand-delivered, or placed with a mail carrier ***on or before June 30, 2016***
$200	If postmarked, hand-delivered, or placed with a mail carrier ***on or after July 31, 2016***
Checks only. Payable to ***LA Board of Pharmacy***	

The registration for the AMS located at this facility shall expire on June 30, 2016.

Note: Registrations are not transferable. If pharmacy or facility ownership 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 by June 30, 2016

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 applicable fee to the above address

Facility Information:

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

Facility Name: _____

Facility Address: _____

Facility City, State, ZIP: _____

In accordance with the Board's laws and rules, application is hereby made to renew the registration for the Automated Medication System located at the facility named above. The submission of any false information on any portion of this application is a violation of La. R.S. 37:1241.A(2) and may result in denial of this application, or if issued, the suspension or revocation of the registration.

_____ _____

Print Name of PIC **RPh Lic. No.** **Print Name of Administrator**

_____ _____

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

Original Signature of Facility Administrator