



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, LA 70809-1700

Telephone (225) 925-6496  
Facsimile (225) 925-6499  
www.pharmacy.la.gov  
info@pharmacy.la.gov

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

Pharmacy Name: \_\_\_\_\_

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

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

Pharmacy Permit No.: \_\_\_\_\_

\$150	If postmarked, hand-delivered, or placed with a mail carrier <b>on or before June 30, 2016</b>
\$225	If postmarked, hand-delivered, or placed with a mail carrier <b>on or after July 1, 2016</b>
Checks only. Payable to <b>LA Board of Pharmacy</b>	

**The registration for the AMS located at this facility shall expire 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 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 application fee to the above address

<u>Facility Information:</u>			
<b>AMS Registration No.</b>	AMS. _____	<b>DHH Lic. No.</b> _____	Telephone (____) _____ -- _____
Facility Name:	_____		
Facility Address:	_____		
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