



Louisiana Board of Pharmacy

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Application for Renewal of an Automated Medication System (AMS) Registration For Year 2017-2018

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

Pharmacy Permit No.: _____

\$150	If postmarked, hand-delivered, or placed with a mail carrier on or before June 30, 2017
\$350	If postmarked, hand-delivered, or placed with a mail carrier on or after July 31, 2017
<i>Checks only. Payable to LA Board of Pharmacy</i>	

The registration for the AMS located at this facility shall expire on June 30, 2017.

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, 2017

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>			
AMS Registration No.	AMS. _____	DHH Lic. No. _____	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