



Louisiana Board of Pharmacy

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Application for Late Renewal of an Application Fee-Exempt Emergency Drug Kit (EDK) Permit For Year 2017-2018

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

Pharmacy Permit No.: _____

Please complete the application form and submit it to the Louisiana Board of Pharmacy. An incomplete form shall be returned without processing. Applications received on or after July 31, 2017 shall be subject to additional procedures and fees.

The EDK permit serviced by this pharmacy at the facility identified below expired on June 30, 2017.

Note: Permits are not transferable. If provider pharmacy or ownership of 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 as soon as possible

TO RENEW PERMIT:

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

<u>Long-Term Care (LTC) or Other Facility:</u>	<u>Ownership of Long-Term Care (LTC) or Other Facility:</u>
EDK Permit No. EDK. _____ DHH Lic. No. _____	Name: _____
Facility Name: _____	Address: _____
Facility Address: _____	Address: _____
City, State, ZIP: _____	City, State Zip: _____
Telephone (_____) _____-- _____	Telephone (_____) _____-- _____

In accordance with Pharmacy Law, LA R.S. 37:1182, *et seq.*, and Pharmacy Regulations, LAC 46:LIII:1711, application is hereby made to renew an Emergency Drug Kit Permit at the Long-Term Care (LTC) or other 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