



Louisiana Board of Pharmacy

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Application for Renewal of a Fee-Exempt Emergency Drug Kit (EDK) Permit 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
<i>Checks only. Payable to LA Board of Pharmacy</i>	

The permit for the EDK located at this facility shall expire on June 30, 2016.

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, 2016

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 applicable fee to the above address

<u>Long-Term Care Facility:</u>	<u>Long-Term Care Facility Ownership:</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 the Board's laws and rules, application is hereby made to renew the permit for an Emergency Drug Kit at the Long-Term Care 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 permit.

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