



Louisiana Board of Pharmacy

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Application for Late Renewal of Non-Resident Pharmacy Permit for Year 2017

(Complete this application for pharmacies located OUTSIDE the state.)

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above. An incomplete application, including one without the required attachments, will be returned to the applicant.

Section 1. Contact and Permit Information

Pharmacy Name: _____ Permit No.: _____

Physical Address: _____

City, State, ZIP: _____

Email Address: _____

* May be used for official communications. *

*Owner's Managing Officer (OMO): _____

* Please print – this person must sign the application at the bottom of the last page. *

*Pharmacist-in-Charge (PIC): _____ LA PST License No.: _____

* Please print – this person must sign the application at the bottom of the last page. *

**Changes to the OMO and PIC cannot be accomplished with this application: these entries must agree with current Board records.*

Resident State Pharmacy Permit No.: _____ Expiration Date: _____

Pharmacy DEA Registration No.: _____ Expiration Date: _____

Date of last inspection: _____ **[attach legible copy of inspection report]**

Note: *Most recent inspection must have occurred within the three year period of time prior to the date of this application. If the inspection report attached to this application predates this application by more than three years, the application shall be returned as incomplete.*

Special Survey for 2017 Renewal

Please respond to all questions by selecting either Yes or No as appropriate for this pharmacy.

Yes _____ No _____ We compound sterile preparations, and we limit our dispensing of these prescriptions to our own state.

Yes _____ No _____ We compound, dispense, and ship sterile preparation prescriptions to Louisiana residents.

Yes _____ No _____ We are not an FDA-registered outsourcing facility, and we ship sterile office-use preparations to Louisiana.

Yes _____ No _____ We are an FDA-registered outsourcing facility, and we ship office-use preparations to Louisiana.

Yes _____ No _____ We are an FDA-registered outsourcing facility, and we ship sterile preparation prescriptions to Louisiana,

Yes _____ No _____ We compound non-sterile preparations, and we limit our dispensing of these prescriptions to our own state.

Yes _____ No _____ We compound, dispense, and ship non-sterile preparation prescriptions to Louisiana residents.

Section 2. Disciplinary History

Yes No **[A]** During this calendar year (or at any time since the last renewal), has the Pharmacy: (1) had an application for a permit in any state or federal jurisdiction that was refused or denied, *OR* (2) had a permit that was revoked, suspended, placed on probation, reprimanded, warned, cited, fined, or otherwise disciplined, sanctioned, restricted, or limited, including a voluntary surrender of a license, *OR* (3) have any disciplinary action pending against it by any state licensing agency other than the Louisiana Board of Pharmacy, *OR* (4) been reported to the National Practitioner Data Bank, *OR* (5) been named as a defendant in a civil/malpractice case relating to the practice of pharmacy, *OR* (6) been the subject of a medical review panel opinion rendered relating to the practice of pharmacy?

Yes No **[B]** During this calendar year (or at any time since the last renewal), has the Owner's Managing Officer been the subject of any of the following: (1) an arrest, charge, citation, summons, or warrant for any criminal offense, including all misdemeanors and felonies by any federal, state, or local law enforcement agency, *OR* (2) an arraignment, indictment, conviction, or the entry of any plea of guilty, no contest, nolo contendere, or any other similar plea, or a sentence in any court of federal, state, or local jurisdiction, *OR* (3) a pardon for any offense by a federal, state, or local official?
[NOTE: Traffic violations such as speeding or parking tickets do not need to be reported; however, DUI and/or DWI events must be reported, regardless of final disposition.]

Yes No **[C]** During this calendar year (or at any time since the last renewal), has the Owner's Managing Officer (1) had an application for a professional license in any state or federal jurisdiction that was refused or denied, *OR* (2) had a professional license that was revoked, suspended, placed on probation, reprimanded, warned, cited, fined, or otherwise disciplined, sanctioned, restricted, or limited, including a voluntary surrender of a license and including restrictions associated with participation in confidential alternatives to disciplinary programs, *OR* (3) have any disciplinary action pending against them by any state licensing agency other than the Louisiana Board of Pharmacy, *OR* (4) been reported to the National Practitioner Data Bank, *OR* (5) been named as a defendant in a civil/malpractice case relating to the practice of pharmacy, *OR* (6) been the subject of a medical review panel opinion rendered relating to the practice of pharmacy?

[NOTE: Subject to the exemption noted in 2-B above, an affirmative response to any of the questions in this Section requires two attachments: a letter of explanation from you describing the incident in your own words, as well as a certified copy of the disciplinary or adverse action.]

Section 3. Fees

Act 298 of the 2015 Legislature requires the Board to charge a new 'pharmacy education support fee' of \$100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the state's publicly supported school of pharmacy.

- For applications hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2017 and before February 1, 2017, the following fees are applicable:

Pharmacy Permit Renewal Fee	\$125.00
Pharmacy Permit Late Renewal Penalty Fee	\$ 62.50
Prescription Monitoring Program (PMP) Fee	\$ 25.00
Pharmacy Permit Reinstatement Fee	\$ 0.00
Pharmacy Education Support Fee	\$100.00
Total Due:	\$312.50

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

I decline to pay the pharmacy education support fee. Total Due: \$212.50

Section 3. Fees (cont.)

- For applications hand-delivered, postmarked, or placed with a mail carrier on or after February 1, 2017, the following fees are applicable:

Pharmacy Permit Renewal Fee	\$125.00
Pharmacy Permit Late Renewal Penalty Fee	\$ 62.50
Pharmacy Permit Reinstatement Fee	\$200.00
Prescription Monitoring Program (PMP) Fee	\$ 25.00
Pharmacy Education Support Fee	\$100.00
Total Due:	\$512.50

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

I decline to pay the pharmacy education support fee. Total Due: \$412.50

Section 4. Attestations

We acknowledge the authority of the Louisiana Board of Pharmacy, or its agent, to inspect our pharmacy for compliance with Louisiana pharmacy laws and rules, and further, we consent to such inspections during our regular hours of operation, and further, we acknowledge our responsibility to reimburse the Board's expenses for such inspections separate and apart from the annual renewal fee for the pharmacy permit.

Through our signatures below, we certify all of the answers provided to all of the questions and all of the information provided during this renewal process are true and accurate. Further, we understand and agree the provision of false information could result in the filing of formal charges against us for the acquisition of a permit by fraud or misrepresentation. Finally, we understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of our permit, or if the renewal has already been issued, then the suspension or revocation of our permit.

Date: _____

Signature of Owner's Managing Officer: _____
Original required; no stamps or facsimile accepted

Signature of Pharmacist-in-Charge: _____
Original required; no stamps or facsimile accepted