



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov



Application for Renewal of Non-Resident Pharmacy Permit for Year 2019

(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, between November 1 and December 31, 2018. An incomplete application, including one without the required attachments, will be returned to the applicant. An application hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2019 shall require additional fees.

Section 1. Contact and Permit Information

Pharmacy Name: _____ Permit No.: _____

Physical Address: _____

City, State, ZIP: _____

Email Address: _____

** May be used for official communications. **

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

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

**A change to the PIC cannot be accomplished with this application; this entry must agree with current Board records.*

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

Pharmacy DEA Registration No.: _____ Expiration Date: _____

Special Survey for 2019 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 sterile 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 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?

[NOTE: An affirmative response to this question 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.

Pharmacy Permit Renewal Fee	\$125
Prescription Monitoring Program (PMP) Fee	\$ 25
Pharmacy Education Support Fee	<u>\$100</u>
Total Due:	\$250

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: \$150*

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 my signature below, I 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, I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a permit by fraud or misrepresentation. Finally, I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of the permit, or if the renewal has already been issued, then the suspension or revocation of the permit.

Date: _____

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

Notice: In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations: (1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, La. 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, La. 70804; 225.342.2403; h&ga@legis.la.gov. (3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, La. 70804; 225.342.9845; s&g@legis.la.gov.