



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ Facsimile 225.925.6499  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application for Late Renewal of Pharmacy Permit for Year 2017

(Complete this application for pharmacies located within the state; non-resident pharmacies use a different form.)

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.

*[Note: if your pharmacy has a CDS license, the renewal of that license requires completion of Form No. 116 ~ Application for Renewal of Louisiana CDS License for Pharmacies.]*

### Section 1. Contact and Permit Information

Pharmacy Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Parish: \_\_\_\_\_

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 on this application; these entries must agree with current Board records.*

### 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 Louisiana only.

Yes \_\_\_\_\_ No \_\_\_\_\_ We compound non-sterile preparations, and we limit our dispensing of these prescriptions to Louisiana only.

Yes \_\_\_\_\_ No \_\_\_\_\_ We compound sterile preparations, and we ship these prescriptions to clients in other states.

Yes \_\_\_\_\_ No \_\_\_\_\_ We compound non-sterile preparations, and we ship these prescriptions to clients in other states.

Yes \_\_\_\_\_ No \_\_\_\_\_ We dispense non-compounded medications, and we ship these prescriptions to clients in other states.

Yes \_\_\_\_\_ No \_\_\_\_\_ We are an outsourcing facility, as designated and registered with the federal FDA.

Yes \_\_\_\_\_ No \_\_\_\_\_ We hold pharmacy permits in other states; if so, how many? \_\_\_\_\_

### For Nuclear Pharmacies Only:

RAM License No.: \_\_\_\_\_ Expiration Date of RAM License: \_\_\_\_\_

## Section 2. Survey

The Louisiana Legislature has directed the Workforce Commission to collect and compile information concerning the healthcare provider workforce supply and demand in the state. In cooperation with the Workforce Commission, we are obliged to collect certain information from you. You are required to answer these questions as part of your permit renewal process. We appreciate your cooperation with this initiative.

1. Does your pharmacy have any vacancies, or unfilled positions, for pharmacists?

No  Yes, we have \_\_\_\_\_ vacant positions.

2. Does your pharmacy have any vacancies, or unfilled positions, for certified pharmacy technicians?

No  Yes, we have \_\_\_\_\_ vacant positions.

## Section 3. 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 3-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 4. 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 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            | <u>\$100.00</u> |
| <b>Total Due:</b>                         | <b>\$312.50</b> |

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*

- 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            | <u>\$100.00</u> |
| <b>Total Due:</b>                         | <b>\$512.50</b> |

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 5. Attestation**

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