



Louisiana Board of Pharmacy

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Affidavit of Acknowledgment and Acceptance of Responsibility By Pharmacist-in-Charge (PIC)

Please complete form online before printing it then sign and date the bottom of the form before sending it.
This form can be faxed, scanned, or mailed (see addresses above) to our office.

Name: _____ [print or type, please] PST. _____ [pharmacist credential number]

- I certify that I hold a Louisiana pharmacist license that is currently in active status and with no restriction that would prohibit my acceptance of an appointment as the PIC of a pharmacy permitted by the Louisiana Board of Pharmacy.
- I certify that I have actively practiced pharmacy for at least two years within the jurisdiction of any state board of pharmacy within the United States.
- I agree to be present and practicing within the pharmacy for at least twenty hours per week during the pharmacy's ordinary course of business, or in the alternative, at least 50 percent of the normal business hours where the pharmacy's normal hours of business are less than twenty hours per week.
- I agree to accept responsibility for the complete supervision and management of the prescription department, and for the operation of the prescription department in compliance with all federal and state laws and rules pertaining to the practice of pharmacy.
- I agree to accept responsibility for the adequate protection and security of the prescription department.
- I agree to accept responsibility for the procurement, receipt, storage, distribution, control, and accountability of drugs for the prescription department.
- I agree to accept responsibility for the maintenance of accurate and readily retrievable records in the prescription department for the acquisition, inventory, and disposition of drugs.

Signature of Pharmacist

Date Signed