



Louisiana Board of Pharmacy

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



Notice of Change in Mailing Address

The Louisiana Pharmacy Practice Act as well as the Board's rules requires all pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician candidates to notify the Board office within 10 days of any change in your mailing address. Please take note that your mailing address is subject to disclosure by the Public Records Law.

Please complete the form online before printing, then sign and date the bottom of the form before sending it. You may scan or mail the form (see addresses above) to our office. We encourage you to retain a copy for your personal records.

Name: _____

Credential No.: _____ Type: Pharmacist Intern Technician Candidate

Previous Mailing Address:

Street Name and Number OR Post Office Box City Parish State ZIP+4

New Mailing Address:

Street Name and Number OR Post Office Box City Parish State ZIP+4

E-mail Address & Telephone Number:

Although not required, we encourage you to provide an e-mail address and telephone number to facilitate timely communication with you. Due to rising postage costs, the Board is increasing its use of electronic mail. Like mailing addresses, e-mail addresses and telephone numbers are subject to disclosure by the Public Records Law.

E-mail _____

Home Office Mobile _____

Signature: _____ **Date:** _____