



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Louisiana Controlled Dangerous Substance (CDS) License For Practitioners

This packet contains three pages: this information sheet, the application form, and a checklist to assist your application process. The packet is intended for use by the following Louisiana-licensed health care practitioners with lawful authority to prescribe controlled substances for their patients:

APRN – Advanced Practice Registered Nurses	DDS – Dentists	
MP – Medical Psychologists	MD – Physicians	PA-C – Physician Assistants
OD – Optometrists	DPM – Podiatrists	DVM – Veterinarians
MDT – Physicians with telemedicine licenses from the La. State Board of Medical Examiners		

We encourage you to read the entire packet carefully before entering information on the application form.

For those practitioners electing to prescribe controlled substances, only one CDS license is required. In the event a practitioner elects to also procure and possess controlled substances in only one practice site location, then the first CDS license is sufficient. However, in the event a practitioner elects to procure and possess controlled substances in more than one location, then a separate CDS license shall be required for each such location in Louisiana.

The address noted on each license shall reflect the Louisiana-based physical location, or practice address. We cannot accept post office boxes for practice locations, but they are acceptable for mailing addresses. We will direct the initial license and all subsequent communications to the practice address, unless you elect to provide an alternative mailing address. We encourage you to provide telephone, facsimile and email information, to facilitate timely communications with you or your office.

Please note the required attachments. All applicants using this form must include a legible copy of their current professional license or a website verification thereof. In addition, APRNs, PA-Cs, and ODs must include a legible copy of their Limited Prescriptive and Distributive Authority for Controlled Substance letter from their professional licensing agency. Finally, any applicant with an affirmative reply to any of the prior history questions must include the requested documents.

We encourage you to insert the information in the online version of the document before printing it. We require an original 'wet' signature from the applicant; no stamps or proxies are permitted. Moreover, we cannot process faxed application forms. Please take note of the application fee associated with each category; we accept checks or money orders drawn from a bank located within the U.S. and payable in U.S. dollars to the Louisiana Board of Pharmacy. This application shall expire one year after the date of its receipt in the Board office; any attached fees shall be forfeited at that time.

Once you receive your Louisiana CDS license, you may then apply for your federal registration from the United States Drug Enforcement Administration (DEA). You may accomplish that process at the DEA website, at www.drugdiversion.usdoj.gov. Questions about your federal registration should be directed to that agency; the telephone number at their New Orleans district office is 504.840.1100.

Any changes in your legal name or in your addresses (practice or mailing) shall be reported in writing to the Board no later than 10 days following such changes. There are forms on the Board's website, at www.pharmacy.la.gov to help you accomplish that task. In the event you wish to obtain a duplicate credential reflecting such changes, there is a product order form on our website to facilitate that purchase.

Your Louisiana CDS license will expire one year after the date of issue; you may not practice with an expired CDS license. We will send you a renewal reminder approximately 60 days prior to your expiration date. The renewal of your Louisiana CDS license will require a Louisiana-based practice address as well as a current Louisiana-based DEA registration. In the event you do not renew your license within 30 days after the expiration date, we are obliged to terminate your CDS license and then report that termination to your professional licensing agency as well as the DEA.



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Please select category: DDS (\$45) MP (\$45) MD (\$45) DPM (\$45) DVM (\$20)
 APRN* (\$45) PA-C* (\$45) OD* (\$45) Telemedicine (\$45)

* Please attach a copy of your Limited Prescriptive and Distributive Authority for Controlled Substances letter from your professional licensing agency.

Name: _____, _____, _____
Last First Middle

Social Security Number (SSN): _____

Practice Address

Mailing Address

Address-1 _____ Address-1 _____
Address-2 _____ Address-2 _____
City, State, ZIP _____ City, State, ZIP _____
Telephone _____ Telephone _____
Facsimile _____ Facsimile _____
E-mail _____ E-mail _____

Professional License No. _____ Expiration Date: _____ *Note: attach copy of license or website verification of it.*

CDS Schedules Requested:

Schedule II *[includes II-N]* Schedule III *[includes III-N]* Schedule IV
 Schedule II-N *[non-narcotic only]* Schedule III-N *[non-narcotic only]* Schedule V

Have you EVER been convicted of a felony in connection with controlled substances under any state or federal law?

Yes No

Have you EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

Yes No

Have you EVER had any professional license disciplined by any licensing agency for any reason related to controlled substances?

Yes No

An affirmative reply to any of these questions requires two attachments: your personal letter of explanation, as well as certified copies of documents from relevant court or government agency.

I hereby make application for a license to procure, possess, and/or prescribe controlled substances, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. I understand the additional authority to dispense controlled substances shall require compliance with the relevant rules from the primary professional licensing agency.

Signature _____ Date _____
[Original required – no stamps or proxies permitted]



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Application Checklist

Our experience reveals a significant percentage of applications are returned for incomplete forms and missing attachments. Such events only serve to delay our processing of your application. We encourage your use of this checklist to ensure your application is complete on its delivery to our office.

Section 1 – Category of CDS License

- Did you select the appropriate category of CDS license?
- Did you take note of the application fee and include payment with your application form?
- If you selected the APRN, PA-C, or OD category, have you included a legible copy of the requested document with your application form?

Section 2 – Identification of Applicant

- Did you provide your full legal name – last name, then first name, then middle name?
- Did you record your Social Security Number (SSN)?

Section 3 – Contact Information

- Did you provide a complete practice address? Is it located within the state of Louisiana? If you included a post office box for the practice address, you must change it to the physical address of the practice site.
- Do you want mail received at the practice site? If not, did you provide a complete mailing address?
- For telemedicine applicants, we need your Louisiana practice address as well as your home state practice address as the mailing address.

Section 4 – Legal Authority

- Did you record the number and expiration date of your primary professional license?
- Did you include a legible copy of that license or a website verification with your application form?

Section 5 – Prior History

- Did you answer all three questions? If not, we are obliged to return the incomplete application form to you.
- If you replied in the affirmative to any of the questions, did you include all of the requested documents with your application form?

Section 6 – Attestations & Signature

- Did you sign and date the application form? If you used a stamp, or if someone else signed your form on your behalf, we are obliged to return your form.

Suggestions

- For payment of the application fee, we accept checks or money orders payable to Louisiana Board of Pharmacy. Is the payee designation correct? If a check, is it signed? Are the funds payable in United States Dollars and drawn on a bank located within the United States?
- We recommend you retain at least one copy of your application and attachments before placing the original documents in the mail to the Board office.
- If it is important to you to know when the Board received your application, we recommend the mail tracing service (FedEx, UPS, USPS, etc.) of your choice. Due to the volume of mail received, we may not be able to respond to requests to verify receipt of your documents.