



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

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



Application for Renewal of Louisiana CDS License for Practitioners

- Please select category:
- APRN (\$45 - \$55*) DDS (\$45 - \$55*) DPM (\$45 - \$55*) DVM (\$20 - \$30*)
- INT (\$45 - \$55*) MD (\$45 - \$55*) MDT (\$45 - \$55*) MP (\$45 - \$55*)
- OD (\$45 - \$55*) PA-C (\$45 - \$55*) RNT (\$45 - \$55*)

** \$10 late fee due when application received in Board office more than 30 days after expiration date of CDS license*

Name: _____, _____, _____
LastFirstMiddle

Louisiana CDS License No.: _____ Expiration Date: _____

Professional License No.: _____ Expiration Date: _____

DEA Registration No.: _____ Expiration Date: _____

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 _____

Since the last renewal of your CDS license:

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

- Yes No

Have you 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 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 the relevant court or government agency.

I hereby request the renewal of my CDS license, which reflects my authority 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 my primary professional licensing agency. I understand the renewal is virtual in format, meaning no paper form exists, and is verifiable at the Board's website.

Signature _____ Date _____

Notice: In compliance with Act 655 of the 2018 Louisiana Legislature, 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.