# 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: ☐ MD (**$45 - $55***) ☐ DPM (**$45 - $55***) ☐ MP (**$45 - $55***) ☐ PA-C (**$45 - $55***)

☐ APRN (**$45 - $55***) ☐ DDS (**$45 - $55***) ☐ OD (**$45 - $55***) ☐ DVM (**$20 - $30***)

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

Name: _____, _____ _____
*Last* *First* *Middle*

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 _____ |

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

*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.

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