



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]