



**Louisiana Board of Pharmacy**  
3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## **Application for New Louisiana Controlled Dangerous Substance (CDS) License For Facilities**

This packet contains four pages: this information sheet, the two-paged application form, and a checklist to assist your application process. The packet is intended for use by the following facilities with lawful authority to manufacture, distribute, procure, or possess controlled substances for their clients or patients:

MFR – Manufacturer	TPL – Third Party Logistics Provider	DIS – Distributor
HOS – Hospital	CRX – Correctional Center	
SAC – Substance Abuse Clinic	ROF – Registered Outsourcing Facility	

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

For those facilities electing to maintain their controlled substances at one address (including multiple locations at that address), only one CDS license is required. However, in the event a facility elects to maintain controlled substances at more than one physical address, then a separate CDS license shall be required for each such location.

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 a separate 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 a W-9 form as well as their primary operating permit; in the event your application for that permit is still pending, please indicate that status on your application form. Finally, any applicant with an affirmative reply to any of the prior history questions must include the requested documents.

We encourage you to record 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 on 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](http://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 is a form on the Board's website, at [www.pharmacy.la.gov](http://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 operate 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 physical 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 primary licensing agency as well as the DEA.



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

### Section 1 – Identification of Facility Owner

Name of Legal Entity Owning Facility: \_\_\_\_\_

Federal Employer Identification Number (FEIN) of legal entity: \_\_\_\_\_ [Attach copy of W-9 form]

Name of Facility (d/b/a): \_\_\_\_\_

### Section 2 – Identification of Ownership Information

On an attached sheet of paper, identify and account for 100% of the ownership of the legal entity identified in Section 1 above. For each person so identified, provide the following data elements: (1) full legal name, (2) date of birth, (3) mailing address, (4) telephone number, and (5) percentage of ownership or fraction thereof. For each organization so identified, provide the following data elements: (1) full legal name of the entity, (2) federal employer identification number [FEIN], (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting of 100% of the ownership of the organization

### Section 3 – Contact Information

#### Physical 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 \_\_\_\_\_

### Section 4 – Legal Authority

- Please identify which Louisiana agency issued the primary operating license/permit; provide the requested data, and attach a legible copy of that license/permit to this application.

Agency: \_\_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

- Please print the name of the physician medical director, provide the requested data, and obtain that practitioner's signature for this application.

Practitioner: \_\_\_\_\_ License No.: \_\_\_\_\_

- In the absence of a physician medical director, please print the name of the Owner's Managing Officer (OMO), and obtain that person's signature for this application.

Owner's Managing Officer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### Section 5 – Classification of CDS License

Please select the appropriate classification for your facility and note the associated application fee.

- MFR – Manufacturer (\$100)     
  TPL – Third Party Logistics Provider (\$50)     
  DIS – Distributor (\$50)  
 HOS – Hospital (\$50)     
  HOX – Hospital (*Exempt*)     
  CRX – Correctional Center (*Exempt*)  
 SAC – Substance Abuse Clinic (\$50)     
  SAX – Substance Abuse Clinic (*Exempt*)  
 ROF – Registered Outsourcing Facility (\$100)
- The issuance of a fee-exempt license will require evidence of state government ownership of the facility.*

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Name of Facility Applicant: \_\_\_\_\_

Section 6 – 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

Section 7 – Prior Legal or Disciplinary History

With respect to the legal entity identified in Section 1, has any stockholder, partner, or officer:

- EVER been convicted of a felony in connection with controlled substances under any state or federal law?
EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?
EVER had any professional license denied or disciplined by any licensing agency for any reason related to controlled substances?

\* An affirmative reply to any of the questions in this Section requires two attachments: (a) your personal letter of explanation, and (b) copies of documents from the relevant court or government agency.

Section 8 – Attestations

- On behalf of the legal entity and facility identified above, I hereby make application for a license to manufacture, distribute, procure, and/or possess any controlled substances designated in the schedules identified above, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.
I affirm that all of the information in this application and all of the required attachments is true and correct, and further, that the submission of a fraudulent application may result in the Board's denial of the application and refusal to issue the license, or if the license has already been issued, the suspension or revocation of the license.
I understand this application shall expire one year after its receipt in the Board office and that any fees attached thereto shall be forfeited at that time.
I understand that any CDS license issued pursuant to this application shall expire annually upon the anniversary of its initial issuance unless renewed prior.
I understand this Louisiana CDS license is necessary to qualify for the federal registration issued by the United States Drug Enforcement Administration (DEA), and further, that the renewal of the Louisiana CDS license will require a current DEA registration.
I consent to the initial and periodic inspection of the facility by the Board, its agent, or designee, for the purpose of assessing compliance with requirements relative to the storage, handling, distribution, and recordkeeping of controlled substances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
[Original signature of physician medical director (or OMO) required – no stamps or proxies permitted]

NOTICE: In compliance with Act 256 of the 2019 Louisiana Legislature, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 et seq.
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.



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

### 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 – Identification of Facility Owner*

- Did you record the name of the legal entity that owns the facility?
- Did you record the FEIN for that legal entity and attach a copy of the IRS Form W-9?
- Did you record the business operating name of the facility?

#### *Section 2 – Identification of Ownership Information*

- Did you include all of the data elements requested for both persons and organizations?
- The completed application will identify every natural person holding any ownership interest.

#### *Section 3 – Contact Information*

- Did you provide a complete physical address? If you included a post office box, 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?

#### *Section 4 – Legal Authority*

- Did you identify which agency issued your primary operating license or permit? If your application is still pending with that agency, please indicate 'pending' in the license number field.
- If issued, did you include a legible copy of that license with your application form?
- Did you identify the physician medical director, or in the alternative, the Owner's Managing Officer?

#### *Section 5 – Classification of CDS License*

- Did you select a classification for your CDS license?
- Did you select a fee-exempt classification? If so, did you include documentation of state government ownership of the facility?

#### *Section 6 – CDS Schedules Requested*

- Did you select all of the schedules required to properly operate your facility?

#### *Section 7 – Prior Legal or Disciplinary History*

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

#### *Section 8 – 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 drawn on a bank located within the U.S. and payable in U.S. dollars to the Louisiana Board of Pharmacy. Is the payee designation correct? If a check, is it signed?
- 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 package, we recommend the mail tracing service (FedEx, UPS, USPS, etc.) of your choice. Due to the volume of mail we receive, we may not be able to respond timely to requests to verify receipt of your documents.