



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700

Telephone 225.925.6496 ~ Facsimile 225.925.6499

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



Application for Renewal of Louisiana CDS License for Facilities

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

- ACS – Animal Control Shelter (**\$20 - \$30***)
 ASC – Ambulatory Surgical Ctr (**\$50 - \$60***)
 CRX – Correctional Ctr [*Exempt*]
 DIS – Distributor (**\$50 - \$60***)
 DYS – Dialysis Center (**\$20 - \$30***)
 EMC – Emergency Med. Ctr. (**\$50 - \$60***)
 EMS – Emergency Med. Srvc. (**\$20 - \$30***)
 HOS – Hospital (**\$50 - \$60***)
 HOX – Hospital [*Exempt*]
 MED – Medical Clinic (**\$50 - \$60***)
 MEX – Medical Clinic [*Exempt*]
 MFR –Manufacturer (**\$100 - \$110***)
 RHC – Rural Health Clinic (**\$50 - \$60***)
 SAX – Subst. Abuse Clinic [*Exempt*]
 SAC – Subst. Abuse Clinic (**\$50 - \$60***)
 ROF – Registered Outsourcing Facility (**\$100**)

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

Name of Facility (d/b/a): _____

Louisiana CDS License No.: _____ Expiration Date: _____

DHH / Board License No.: _____ Expiration Date: _____

DEA Registration No.: _____ Expiration Date: _____

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 _____

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, has any owner, partner, officer, or stockholder:

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

- Yes No

Surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

- Yes No

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.

On behalf of the facility identified above, I hereby request the renewal of our CDS license, which reflects our authority to manufacture, distribute, procure, and/or possess any controlled substances designated in the schedules identified above, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy.

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