



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Louisiana Controlled Dangerous Substance (CDS) License For Selected Persons & Organizations

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 persons or organizations with lawful authority to manufacture, distribute, procure, possess, or conduct research with or chemical analysis of controlled substances:

AET – Animal Euthanasia Technician	DET – Drug Detection / Canine	LAB – Laboratory
MIS – Miscellaneous	REP – Sales Representative	RES – Researcher
HTG – Hemp Testing / Grower		

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

For those persons or organizations 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 an applicant 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 must supply documentation for their legal authority to handle controlled substances. Businesses must furnish a copy of the IRS Form W-9 with the FEIN. Further, any applicant with an affirmative reply to any of the prior history questions must include the requested documents.

We encourage you to insert the information in the online version of the document before printing it. We require an original 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 banks 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. 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 are forms on the Board's website, at 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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Note: This application shall expire one year after its receipt in the Board office; any attached fees shall be forfeited at that time.

Section 1 – Identification of Applicant

Full Legal Name of Person: _____

Social Security Number: _____

OR

Name of Legal Entity Owning Facility: _____

Federal Employment Identification Number (FEIN) of legal entity: _____ [Attach copy of W-9 form]

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

Section 2 – Contact Information

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 _____

Section 3 – Classification of CDS License

Please select the appropriate classification and note the associated application fee.

- DET – Drug Detection / Canine (\$30) LAB – Laboratory (\$20) LAX – Laboratory [Exempt]
- REP – Sales Representative (\$20) RES – Researcher (\$30) MIS – Miscellaneous (\$20)
- ETC – Animal Euthanasia Technician, Certified [AET-C] (\$20) MIX – Miscellaneous [Exempt]
- ETL – Animal Euthanasia Technician, Lead [AET-L] (\$20) HTG – Hemp Testing / Grower (\$20)

Note: The issuance of a fee-exempt license will require documentation of government ownership of the facility.

Section 4 – 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
- Schedule I *[available to DET – HTG – RES – LAB – LAX only]*

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Name of Applicant: _____

Section 5 – Legal Authority

Persons

(ETC, ETL)

- Please identify which licensing agency issued your professional license; provide the requested data, and attach a legible copy of that professional license to this application.

Agency: _____ License No.: _____ Exp. Date: _____

(REP)

- Please identify the name of the firm you represent, and attach a letter of verification from that firm authorizing your activities on their behalf.

Name of Firm Represented: _____

(RES)

- Please identify the organization authorizing your research activities, and attach a letter of verification to this application.

Name of Organization: _____

Organizations (DET, HTG, LAB, LAX, MIS, MIX)

- 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 identify the physician medical director, consulting pharmacist, or other responsible person; provide the requested data, and obtain that person's signature for this application.

Practitioner: _____ License No.: _____

Section 6 – Prior Legal or Disciplinary History

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

- EVER been convicted of a felony in connection with controlled substances under any state or federal law?
 Yes No
- EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?
 Yes No
- EVER 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 relevant court or government agency.

Section 7 – Attestations

- On behalf of the legal entity and facility identified above, I hereby make application for a license to manufacture, distribute, procure, possess or conduct research with or chemical analysis of 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.
- 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 practitioner required – no stamps or proxies permitted]



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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 Applicant

- If a person – did you record the full legal name and SSN?
- If an organization – did you record the name of the legal entity, the FEIN, and the business name, and include a copy of the IRS Form W-9?

Section 2 – 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 3 – Classification of CDS License

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

Section 4 – CDS Schedules Requested

- Did you select all of the schedules appropriate for you or your organization?

Section 5 – Legal Authority

- Did you identify which agency or organization has authorized you to conduct activities with controlled substances? 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 or authorization with your application form?

Section 6 – 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 7 – 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 banks 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.