



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700

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## Application for Renewal of Louisiana CDS License For Selected Persons & Organizations

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

- DET – Drug Detection / Canine (\$30 - \$40\*)
- ETC – Animal Euthanasia Technician, Certified [AET-C] (\$20 - \$30\*)
- ETL – Animal Euthanasia Technician, Lead [AET-L] (\$20 - \$30\*)
- MIS – Miscellaneous (\$20 - \$30\*)
- REP – Sales Representative (\$20 - \$30\*)
- LAB – Laboratory (\$20 - \$30\*)
- LAX – Laboratory (Exempt)
- MIX – Miscellaneous (Exempt)
- RES – Researcher (\$30 - \$40\*)

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

Name of Person or Organization: \_\_\_\_\_

Louisiana CDS License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Operating 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 \_\_\_\_\_

*Since the last renewal of your CDS license, has the applicant or any officer, partner, or stockholder of the organization:*

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 person or organization identified above, I hereby request the renewal of my/our CDS license, which reflects my/our authority to manufacture, distribute, procure, possess and/or conduct research with controlled substances, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_