



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 Selected Persons & Organizations

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

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

* \$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 _____

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 – RES – LAB – LAX only]

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 any controlled substances, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.

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