



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 Pharmacies

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 pharmacies located within the state and licensed by the Louisiana Board of Pharmacy. We encourage you to read the entire packet carefully before entering information on the application form.

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 for the primary pharmacy permit. We encourage you to provide telephone, facsimile and email information, to facilitate timely communications with you or your office.

Please note the required attachments. Any applicant with an affirmative reply to any of the prior history questions in Section 6 of the application form must include the requested documents.

We encourage you to insert the information in the online version of the document before printing it. 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. 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 mailing address 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.

Regardless of the date of initial issuance, your pharmacy's Louisiana CDS license shall expire at midnight on December 31 of every year, unless relinquished, surrendered, or revoked sooner. In the event your pharmacy's CDS license expires, the pharmacy may not perform any activities with controlled substances. We will send you a renewal reminder approximately 60 days prior to the 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 CDS license within 30 days after the expiration date, we are obliged to terminate your CDS license and then report that termination to the DEA.



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 Pharmacies

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 Pharmacy Owner

Name of Legal Entity Owning Pharmacy: _____

Federal Employment Identification Number (FEIN) of legal entity: _____

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

Section 2 – Pharmacy Information (Physical Address)

Address-1 _____

Address-2 _____

City, State, ZIP _____

Telephone _____ Facsimile _____ E-mail _____

Section 3 – Legal Authority

- Enter the number of the permit issued to the pharmacy by the Louisiana Board of Pharmacy. In the event the application for the initial issuance of the pharmacy permit is still pending, please enter 'pending'.

Pharmacy Permit No.: _____

- Identify the pharmacist-in-charge of the pharmacy as well as his Louisiana pharmacist license number.

Pharmacist-in-Charge: _____ La PST No.: _____

Section 4 – Classification of CDS License

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

PHY – Pharmacy (\$25)

PHX – Pharmacy [Exempt]

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

Section 5 – 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 6 – Prior Legal or Disciplinary History

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

- 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 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 7 – Attestations

- On behalf of the legal entity and pharmacy identified above, I hereby make application for a license to procure, possess, compound, distribute, dispense, and/or hold for administration 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 consent to the initial and periodic inspection of the pharmacy by the Board, its agent, or designee, without prior notice, for the purpose of assessing compliance with requirements relative to the storage, handling, distribution, and recordkeeping of controlled substances.
- 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 affirm that all of the information in this application and any of the required attachments is true and correct.
- I understand and agree that the submission of a fraudulent application may result in the Board's denial of the application and the refusal to issue the license, or if already issued, then the suspension or revocation of the license.

Signature _____ Date _____



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 Pharmacies

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 pharmacy?
- Did you record the FEIN for that legal entity?
- Did you record the business operating name of the pharmacy?

Section 2 – Pharmacy 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, you must provide a mailing address for the primary pharmacy permit. CDS licenses are mailed to the same mailing address as the pharmacy permits.

Section 3 – Legal Authority

- Did you enter the pharmacy's permit number? If your application for the pharmacy permit is still pending, please indicate 'pending' in the license number field.

Section 4 – 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 government ownership of the facility?

Section 5 – CDS Schedules Requested

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

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 the pharmacist-in-charge of record for the pharmacy 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.