



Louisiana Board of Pharmacy

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Application for Late Renewal of Louisiana CDS License for Pharmacy for Year 2016

Please select the appropriate classification for your pharmacy as indicated in the suffix of your CDS license number and note the associated application fee.

- PHY – Pharmacy (**\$237.50**) PHX – Fee-Exempt Pharmacy (**\$0**)

We encourage you to save this document to your computer, then complete the form prior to printing it. Date and sign the completed form and then return it to the Board office at the address noted above. An incomplete application, including one without any required attachments, shall be returned to the applicant unprocessed. Applications received in the Board office on or after February 1, 2016 may be subject to additional requirements.

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

Pharmacy Permit No.: _____ Expiration Date: _____

Louisiana CDS License No.: _____ Expiration Date: _____

DEA Registration No.: _____ Expiration Date: _____

Since the last renewal of your CDS license, has any owner, partner, officer, stockholder or employee:

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

[NOTE: 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 pharmacy identified above, I submit this application for the renewal of our CDS license, which reflects our authority to procure, possess, dispense, or distribute any controlled substances designated in the schedules identified on our license, but only in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. Further, we understand the distribution of controlled substances may be subject to the laws and rules of the Louisiana Board of Drug and Device Distributors.

Signature _____ Date _____
[Original signature of Pharmacist-in-Charge required – no stamps or proxies permitted]