



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.4696 ~ E-mail: info@pharmacy.la.gov



Application for Late Renewal of Louisiana CDS License for Pharmacy for Calendar Year 2021

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 (\$37.50)

PHX – Fee-Exempt Pharmacy (\$0)

An incomplete application, including one without all required attachments, shall be returned to the applicant unprocessed. Applications hand-delivered, postmarked, or placed with a mail carrier on or after February 1, 2021 shall require a \$200 reinstatement fee and may require additional information.

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.

Date: _____

Name of Pharmacist-in-Charge: _____ LA PST. _____

Signature of Pharmacist-in-Charge: _____