



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ Facsimile 225.925.6499  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application for 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 (\$25)                       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. For payment of the fee, we accept checks or money orders drawn on any bank located within the U.S. payable in U.S. dollars to the Louisiana Board of Pharmacy. An incomplete application, including one without any required attachments, shall be returned to the applicant unprocessed. An application hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2016 shall require a total fee of **\$237.50**.

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, or pled guilty, no contest, or nolo contendere to a felony or misdemeanor in connection with controlled substances under any local, 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, sanctioned, restricted, or limited 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]*