



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 Automated Medication Systems (AMS)

This packet contains three pages: this information sheet and the 2-paged application form. The packet is intended for use by those pharmacies that intend to place controlled dangerous substances within automated medication systems they provide to health care facilities licensed by the La. Dept. of Health and Hospitals. We encourage you to read the entire packet carefully before entering information on the application form.

Since the medication inventory within the AMS device located within a health care facility is considered an extension of the provider pharmacy's inventory, the issuance of this CDS license is predicated on the ownership of the AMS device by the provider pharmacy. In the event the AMS device is owned by the facility or any entity other than the provider pharmacy, then any CDS license issued for the AMS shall not be valid.

Please note the required attachments. Any applicant with an affirmative reply to any of the prior history questions in Section 5 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 require an original 'wet' signature from the pharmacist-in-charge of the pharmacy; no stamps or proxies are permitted. Moreover, we cannot process faxed application forms. Please take note 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. 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.

Regardless of the date of initial issuance, the Louisiana CDS license for the AMS shall expire at midnight on June 30 of every year, unless relinquished, surrendered, or revoked sooner. In the event the CDS license for the AMS expires, the AMS may no longer hold any controlled substances. We will send you a renewal reminder approximately 60 days prior to the expiration date. The renewal of the Louisiana CDS license for the AMS will require a current 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.



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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 Automated Medication System (AMS) Owner

Name of Pharmacy Owning AMS: _____

La. Pharmacy Permit No. of AMS Owner: _____

La. AMS Registration No.: _____

Name of Pharmacist-in-Charge (PIC): _____ La. License No.: _____
Original signature required below.

Section 2 – Location of Automated Medication System (AMS)

Facility Name _____

Address-1 _____

Address-2 _____

City, State, ZIP _____

Section 3 – Classification of CDS License

Please select the appropriate classification for your pharmacy and note the associated application fee. The issuance of a fee-exempt CDS license will require possession of a fee-exempt AMS registration.

CDS-AMS – Pharmacy (\$25)

CDS-AMX – Pharmacy [Exempt]

Section 4 – 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 5 – Prior Legal or Disciplinary History

With respect to the pharmacy 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.

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Page 2 of 2

Section 6 – Attestations

- On behalf of the pharmacy identified above, I hereby make application for a Louisiana CDS license to procure, possess, compound, distribute, dispense, and/or hold for administration any controlled substance designated in the schedules identified in La. R.S. 40:961 *et seq.* or 21 CFR 1300 *et seq.*, in compliance with the Louisiana Uniform Controlled Dangerous Substances Law as well as the relevant rules from the Board of Pharmacy.
- I consent to the initial and periodic inspection of the pharmacy as well as the automated medication system and the immediately surrounding space within the facility in which the device is operational, and further, I consent to such inspections 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 evidence of a current and verifiable corresponding 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.

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

<i>For Board Use Only:</i>		
Application Rec'd: _____	Check/Money Order No.: _____	Amount: _____
License Number: _____	Date Issued: _____	