



# Louisiana Board of Pharmacy

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## Application for Late Renewal of CDS License for AMS (or AMX) For Year 2018-2019

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

CDS-AMS (\$37.50)

CDS-AMX – (\$0)

We encourage you to enter the information into the online version of this document before printing it. If you elect to print the form first, please record your information legibly using blue or black ink. 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. Applications received on or after July 30, 2018 shall be subject to additional fees and procedures.

Name of Pharmacy (d/b/a): \_\_\_\_\_

Pharmacy Permit No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

AMS Registration No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CDS-AMS (or AMX) License No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

AMS DEA Registration No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*Since the last renewal (or if this is the first renewal, since the issuance) of this CDS license, has any pharmacy 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 owner identified above, I hereby request the renewal of our CDS license, which reflects our authority to procure, possess, dispense, or distribute any controlled substances designated in the schedules of the Louisiana Uniform Controlled Substances Law and in compliance with 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 State Board of Wholesale Drug Distributors.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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