



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, LA 70809-1700
Telephone 225.925.6496
www.pharmacy.la.gov



Product Order Form – Duplicate Credential

Instructions:

- 1 – Please complete form online before printing it and then sign and date the form.
- 2 – A request for a product in Section 2 requires a notarized signature.
- 3 – Include check or money order for appropriate fee, payable to Louisiana Board of Pharmacy.
- 4 – Mail form and fee to the address noted above.
- 5 – Requests from third parties will be returned unprocessed.
- 6 – We will mail the requested product to the mailing address of record.

Section 1 – Annual Renewals

Name (as it appears on the original credential):

Credential No.: _____

Fee: **\$5.00**

- Type: PST License PNT Registration CPT Certificate PTC Registration
- CDS License Pharmacy Permit AMS Permit EDK Permit
- DME Permit

Signature: _____

Date: _____

Section 2 – Replacement Certificates

Name (as it appears on the original certificate):

Credential No.: _____

Date of Original Issue: _____

Type: Pharmacist (**\$75.00**) Technician (**\$50.00**)

Reason replacement requested: _____

The following portion of this Section should be completed only in the presence of a Notary Public.

AFFIDAVIT

Sworn to and subscribed before me on this _____ day of _____ in the year 20____.

(Signature of Applicant)

(Signature of Notary Public)

(Notary Seal)

Notary Public in and for: _____
(Parish/County – State)

My commission expires: _____