Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

Product Order Form – Duplicate Credential

Instructions:
1 – Please complete form electronically before printing it and then sign and date the form.
2 – Duplicate credentials will be marked as such.
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 – Duplicate Annual Renewal

Name (as it appears on the original credential):

_____ Credential No.: _____

Type: ☐ PST License ☐ PNT Registration ☐ CPT Certificate ☐ PTC Registration

☐ PHY Permit ☐ AMS Registration ☐ DME Permit ☐ EDK Permit

☐ CDS License Fee for all types: **$5.00**

Signature: _____ ***Date:*** _____

Section 2 – Replacement Original 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 Public in and for: _____ (Parish/County – State)

(Notary Seal)

My commission expires: _____