



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 Pharmacist Wall Certificate

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 \$75.00, 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 certificate to the mailing address of record.

Replacement Pharmacist Wall Certificate

Name (as it appears on the original certificate):

Credential No.: PST. _____

Date of Original Issue: _____

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: _____