



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ Facsimile 225.925.6499  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application for New Louisiana Controlled Dangerous Substance (CDS) License For Practitioners

This packet contains four pages: the information on the first two pages, the application form on the third page, and a checklist to assist your application process. The packet is intended for use by the following licensed health care practitioners with lawful authority to prescribe controlled substances for Louisiana residents:

APRN – Advanced Practice Registered Nurses    DDS – Dentists    DPM – Podiatrists  
DVM – Veterinarians    INT – Medical Interns & Residents    MD – Physicians  
MDT – Telemedicine for Nonresident Physicians    MP – Medical Psychologists  
OD – Optometrists    PA-C – Physician Assistants  
RNT – Telehealth for Nonresident Advanced Practice Registered Nurses

We encourage you to read the entire packet carefully before entering information on the application form.

### Do I Need More Than One CDS License?

For those practitioners electing to only prescribe controlled substances, only one CDS license is required. In the event a practitioner elects to also procure and possess controlled substances in only one practice site location, then the first CDS license is sufficient. However, in the event a practitioner elects to procure and possess controlled substances in more than one location, then a separate CDS license (and DEA registration) shall be required for each such location in Louisiana.

### Practice & Mailing Addresses

The address noted on each license shall reflect the Louisiana-based physical location, or practice address (with the exception of nonresident physicians with telemedicine permits and nonresident advanced practice registered nurses with telehealth permits). We cannot accept post office boxes for practice locations, but they are acceptable for mailing addresses. We will direct the initial license and all subsequent communications to the practice address, unless you elect to provide an alternative mailing address. We encourage you to provide telephone, facsimile and email information, to facilitate timely communications with you or your office.

### Required Attachments

Please note the required attachments. All applicants using this form must include a legible copy of their Social Security card as well as their current professional license or a website verification thereof. In addition, APRNs and ODs must include a legible copy of their Limited Prescriptive and Distributive Authority for Controlled Substance letter from their professional licensing agency. Finally, any applicant with an affirmative reply to any of the prior history questions must include the requested documents.

### Completion of Form; Fees & Expiration Date of Application

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 applicant; no stamps or proxies are permitted. Moreover, we cannot process faxed application forms. Please take note of the application fee associated with each category; we accept checks or money orders drawn from 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.

### Obtaining DEA Registration

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](http://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.

Changes in Legal Name or Address

Any changes in your legal name or in your addresses (practice or mailing) shall be reported in writing to the Board no later than 10 days following such changes. There are forms on the Board's website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov) to help you accomplish that task. In the event you wish to obtain a duplicate credential reflecting such changes, there is a product order form on our website to facilitate that purchase.

Renewal of CDS License

Your Louisiana CDS license will expire one year after the original date of issue, and subsequent renewals will expire on the anniversary of the original date of issue. The renewal date will not change. We will send you a renewal reminder approximately 60 days prior to the expiration date of your license. The renewal of your Louisiana CDS license will require a Louisiana-based practice address (with the exception of nonresident physicians with telemedicine permits and nonresident advanced practice registered nurses with telehealth permits), as well as a current Louisiana-based DEA registration. In the event you do not renew your license within 30 days after the expiration date, we are obliged to terminate your CDS license and then report that termination to your professional licensing agency as well as the DEA. In the event you renew your CDS license after the anniversary expiration date, the full renewal fee is required even though the newly-renewed license will expire in less than one year – we have no authority to prorate fees.



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- Please select category:
- APRN\* (\$45)     DDS (\$45)     DPM (\$45)     DVM (\$20)     INT (\$45)
- MD (\$45)     MDT (\$45)     MP (\$45)     OD (\$45)     PA-C (\$45)
- RNT\* (\$45)

*\*Please attach a copy of your Limited Prescriptive and Distributive Authority for Controlled Substances letter from your professional licensing agency.*

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Social Security Number (SSN): \_\_\_\_\_ Date of Birth (D.O.B.): \_\_\_\_/\_\_\_\_/\_\_\_\_  
*\* Please attach legible copy of your SSN card. \**

### Practice Address

### Mailing Address

Address-1 \_\_\_\_\_ Address-1 \_\_\_\_\_

Address-2 \_\_\_\_\_ Address-2 \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Professional License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ *Note: attach copy of license or website verification of it.*

### CDS Schedules Requested:

- Schedule I *[requests for therapeutic marijuana require approval from La. State Board of Medical Examiners]*
- 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

Have you EVER been convicted of a felony in connection with controlled substances under any state or federal law?

- Yes     No

Have you EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

- Yes     No

Have you 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 these questions requires two attachments: your personal letter of explanation, as well as certified copies of documents from relevant court or government agency.*

I hereby make application for a license to procure, possess, and/or prescribe controlled substances, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. I understand the additional authority to dispense controlled substances shall require compliance with the relevant rules from the primary professional licensing agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*[Original required – no stamps or proxies permitted]*



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## Application for New Louisiana Controlled Dangerous Substance (CDS) License For Practitioners

### Application Checklist

Our experience reveals a significant percentage of applications are returned for incomplete forms and missing attachments. Such events only serve to delay our processing of your application. We encourage your use of this checklist to ensure your application is complete on its delivery to our office.

#### *Section 1 – Category of CDS License*

- Did you select the appropriate category of CDS license?
- Did you take note of the application fee and include payment with your application form?
- If you selected the APRN or OD category, have you included a legible copy of the requested document with your application form?

#### *Section 2 – Identification of Applicant*

- Did you provide your full legal name – last name, then first name, then middle name?
- Did you record your Social Security Number (SSN)? Did you attach a legible copy of the card?
- Did you record your Date of Birth (D.O.B.)?

#### *Section 3 – Contact Information*

- Did you provide a complete practice address? Is it located within the state of Louisiana (except applicants for MDT or RNT credentials)? If you included a post office box for the practice address, you must change it to the physical address of the practice site.
- Do you want mail received at the practice site? If not, did you provide a complete mailing address?

#### *Section 4 – Legal Authority*

- Did you record the number and expiration date of your primary professional license?
- Did you include a legible copy of that license or a website verification with your application form?

#### *Section 5 – Prior History*

- Did you answer all three questions?
- If you replied in the affirmative to any of the questions, did you include all of the requested documents with your application form?

#### *Section 6 – Attestations & Signature*

- Did you sign and date the application form? If you used a stamp, or if someone else signed your form on your behalf, we are obliged to return your form.

#### *Suggestions*

- For payment of the application fee, we accept checks or money orders payable to Louisiana Board of Pharmacy. Is the payee designation correct? If a check, is it signed? Are the funds payable in United States Dollars and drawn on a bank located within the United States?
- We recommend you retain at least one copy of your application and attachments before placing the original documents in the mail to the Board office.
- If it is important to you to know when the Board received your application, we recommend the mail tracing service (FedEx, UPS, USPS, etc.) of your choice. Due to the volume of mail received, we may not be able to respond timely to requests to verify receipt of your documents.



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## Louisiana Prescription Monitoring Program (PMP) Access Request Form for a Medical Intern/Resident

### For those individuals who currently have access to the PMP as a “delegate” for a Supervising Physician(s):

Please complete the attached application form, have it notarized, and send with a copy of your current state issued driver's license or ID to the Louisiana Board of Pharmacy – Prescription Monitoring Program (PMP) at the address above. Once the Board office receives a properly completed application, you will receive an email informing you that your account was successfully modified to the Healthcare Professional Role of a **“Medical Intern with Prescriptive Authority.”**

### For those individuals who do not have access to the PMP:

Please go to the following website and set up your PMP account –

<https://louisiana.pmpaware.net/login>

On the main login screen, select **“Create an Account”** then follow the directions carefully. You will be asked to select a **user role** - under the Healthcare Professional roles select **“Medical Intern with Prescriptive Authority”**.

When you arrive at the Registry Form, you will see a green banner message that says, **“A link to verify your email address has been sent.”** Go to your email account. Open the Welcome email from the PMP and click the link that says, **“Verify your email.”** It should open the login screen and show a message that says, “Your email has been verified.” That completes the email verification. You can go back to your Registry Form and finish registering.

At the end of the registration process you will be prompted to complete the attached application form. Please complete the attached application form, have it notarized, and send with a copy of your current state issued driver's license or ID to the Louisiana Board of Pharmacy – Prescription Monitoring Program (PMP) at the address above. Once the Board office receives a properly completed application, you will receive an email informing you that your account is active.



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## Prescription Monitoring Program (PMP) Access Request Form for a Medical Intern/Resident

<b>Prescriber's (Medical Intern/Resident) Information</b>		
1. Last Name, Suffix (Jr., Sr., III)	2. First Name	3. Middle Name
4. Date of Birth (mm/dd/year)	5. Social Security Number	6. NPI Number
7. Contact Phone Number	8. E-mail Address	

I understand that Prescribers approved for access, or their delegates, shall only use the PMP database for the purpose of providing medical or pharmaceutical care for **their patients**, or for verifying their prescription records. *(emphasis added)*

I understand that inappropriate access, use, or disclosure of PMP information may result in criminal prosecution, disciplinary action by my licensing board and/or revocation of database access privileges.

I understand that the PMP data is for informational purposes and that a definitive conclusion should not be determined without verifying the information with the prescribers and dispensers due to the fact that the information is only as accurate as reported to the program.

**I understand the above, attest to the content, and agree to abide by those terms.**

Prescriber's **Hand-Written** Signature (No Digital Signatures): \_\_\_\_\_

Subscribed and sworn to before me in the Parish/County of, \_\_\_\_\_

State of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Mail the following items to the Louisiana Board of Pharmacy Prescription Monitoring Program**  
1.) This Notarized Form  
2.) Photocopy of current State Issued Driver's License or ID

NOTARY PUBLIC

For Board Use:	<input type="checkbox"/> Pro License Active
	<input type="checkbox"/> ID Card
CDS #	PMP #

**Pharmacy Program**  
Tel. 225.922.0852  
Fax. 225.925.6499

**CDS Program**  
Tel. 225.925.4770  
Fax. 225.925.6499

**PMP Office**  
Tel. 225.925.6496, Option 2  
Fax. 225.925.6408

**Executive Office**  
Tel. 225.925.6496  
Fax. 225.922.0316