



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Louisiana Marijuana Pharmacy Permit

Solicitation of Applications for Marijuana Pharmacy Permit
Application Form for New Louisiana Marijuana Pharmacy Permit
Application Form for Therapeutic Marijuana Designation
Guidance for Applicants & Evaluation Criteria

Solicitation No. 1

Date of Issue: August 31, 2017

Deadline for Receipt of Applications: 4:00 p.m. on Friday, September 29, 2017



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Solicitation of Applications for Marijuana Pharmacy Permit

Legislative and Regulatory Authority

Pursuant to Act 261 of the 2015 Legislature and Act 96 of the 2016 Legislature, the Board has completed the rulemaking process to develop a nontransferable specialty license for a pharmacy to dispense marijuana for therapeutic purposes. The Board's Final Rule was published in the August 20, 2017 issue of the *Louisiana Register* with an immediate effective date.

Number and Distribution of Marijuana Pharmacy Permits

The enabling legislation placed a limit on the number of marijuana pharmacy permits, such that no more than ten such permits may be active at the same time. To implement the legislative mandate for an equitable geographic distribution of those marijuana pharmacies across the state, the Board recognizes the nine regions of the state established by the Louisiana Department of Health, allocating one marijuana pharmacy permit to each region. This solicitation invites applications for marijuana pharmacy permits in all nine regions in the state. The tenth permit may be issued by the Board at a future date not yet designated following a determination of need as indicated by the volume of dispensing transactions in all of the marijuana pharmacies over a period of time not yet defined. The nine regions and their associated parishes are identified here:

Acadian	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Mary, and Vermilion
Capitol	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana
Central	Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn
Metropolitan	Jefferson, Orleans, Plaquemines, and St. Bernard
Northeast	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll
Northwest	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, and Webster
Southeast	Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington
Southwest	Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis
Teche	Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne

Notice of Intent to Award Marijuana Pharmacy Permits

The Board invites interested parties to submit an application for a marijuana pharmacy permit in one or more of the nine regions in the state. Separate application forms are required for each permit in each region. In compliance with §2445 of the Board's rules, the following information is provided to all Applicants:

1. A maximum of nine permits are anticipated to be awarded pursuant to this Solicitation, with one permit allocated to each of the nine regions in the state.
2. Application forms are available on the Board's website at www.pharmacy.la.gov; in the alternative, interested parties may request an application form via email at info@pharmacy.la.gov, to which the Board staff will respond with an electronic application form via return email.
3. The deadline for the receipt of applications in response to this solicitation is **4:00 pm on Friday, September 29, 2017**.
4. We encourage Applicants to complete the application form for the pharmacy permit electronically before printing and signing it. The application form for the pharmacy permit shall bear manual 'wet' signatures; no stamps, proxies, or other forms of signatures will be accepted. All supplemental materials shall be submitted in electronic form, with a preference for Portable Document Format (PDF). Electronic files, titled in the name of the Applicant, will be received at info@pharmacy.la.gov.
5. Within each of the nine regions, the Board has not designated any preferred locations; it is expected the Applicant will perform due diligence in their choice of location for the marijuana pharmacy which must be declared on the application.
6. Applicant shall ensure the following persons submit to a Criminal Background Check (CBC) as authorized by La. R.S. 37:1182(A)(22):
 - a. Any person holding any ownership interest in the legal entity applying for the Marijuana Pharmacy Permit;
 - b. The Owner's Managing Officer as identified by the Applicant;
 - c. The Pharmacist-in-Charge as identified by the Applicant; and
 - d. Any other person who may have control or influence over the operation of the proposed Marijuana Pharmacy.
 - On receipt and preliminary review of the application, the Board staff will provide to the Applicant an appropriate number of CBC packets necessary to accomplish the checks for the persons identified in the application.
 - Since the CBC packet contains information for the fee payable to Louisiana State Police (LSP) as well as the routing of the LSP report to the Board, Applicants must first obtain the CBC packet from the Board before visiting a local law enforcement agency. The applicant may visit their local law enforcement agency office to have their fingerprints applied to the fingerprint cards, or in the alternative, may have their fingerprints electronically scanned at the Louisiana State Police (LSP) Headquarters located at 7919 Independence Avenue in Baton Rouge, Louisiana 70806.

Notice of Intent to Award Marijuana Pharmacy Permits (cont.)

- **Although it is not required, we strongly recommend the applicant have their fingerprints electronically scanned at LSP. It is our experience that prints scanned by LSP are processed in approximately half the time required to process mailed prints.**
 - Previous CBC reports provided to the Board may be used for this purpose provided that the CBC report shall be dated within the two-year period prior to the date of the application for the marijuana pharmacy permit.
 - The law authorizing the Board to require criminal background checks requires the Board to use the LSP, and further, prohibits the Board's use of similar checks performed for or by other organizations.
7. The Board will not process application forms for the pharmacy permit which are received by facsimile, that are incomplete, or submitted with the incorrect fee.
 8. When the Board staff has determined an entity's application package is complete, the application shall be scheduled for review by the Board's Application Review Committee. With respect to this determination, the absence of any required criminal background check report shall not prevent the scheduling of the review; however, if the required report is not available at the time of the Application Review Committee meeting, the committee members may consider the application incomplete and decline to consider it.
 9. Applicants will be given notice of the time, place and date of their meeting with the Application Review Committee, during which time they will be interviewed by the committee members.
 10. As indicated in §2447, the members of the Board's Application Review Committee shall consider the following criteria in their consideration of the applications:
 - a. The character and fitness of the owner's managing officer, the pharmacist-in-charge, any of the owners and any other person who may have control or influence over the operation of the proposed marijuana pharmacy;
 - b. The location for the proposed marijuana pharmacy including, but not limited to:
 - i. Its proximity to previously approved marijuana pharmacies or locations of proposed marijuana pharmacies with pending applications;
 - ii. Whether the patient population in the area proposed by the marijuana pharmacy permit applicant justifies the need for a marijuana pharmacy, or an additional marijuana pharmacy, in that area;
 - iii. Whether the proximity of the proposed marijuana pharmacy will have a detrimental effect upon any place used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment; or

Notice of Intent to Award Marijuana Pharmacy Permits (cont.)

- iv. Whether the number of marijuana pharmacies in the locality is such that the granting of a permit is detrimental to the public interest. In reaching a conclusion in this respect, the Board may consider the population of, the number of like permits and number of all permits existent in, the particular municipality and the immediate neighborhood or on like permits existent in such municipality or neighborhood.
 - c. The Applicant's ability to maintain adequate control against the diversion, theft and loss of marijuana;
 - d. The Applicant's ability to maintain the knowledge, understanding, judgment, procedures, security controls and ethics to ensure optimal safety and accuracy in the dispensing and sale of marijuana;
 - e. The extent to which the Applicant or any of the Applicant's owners have a financial interest in any other permittee, licensee, registrant, or other applicant currently or previously credentialed by the Board; and
 - f. Any other reason provided by any federal law or rule or state law or rule that is not inconsistent with the enabling legislation at La. R.S. 40:1046 and 1047 or the Board's rules.
11. At the conclusion of their interviews and deliberations, the members of the Application Review Committee will determine their committee's recommendation to the full Board.
12. Following the meeting of the Application Review Committee, the Applicants will be notified of the committee's recommendation.
13. The Applicants will be given notice of the time, date and place of the Special Board Meeting during which the Application Review Committee will present its recommendations for the Board's consideration.
14. The Board reserves the right to require additional information from the Applicant during their consideration of the applications at the Special Board Meeting.
15. The Board will notify the successful Applicants of their award.
16. The Board's Rule requires the successful Applicant to commence operation of the marijuana pharmacy no later than 310 days following notice of the award.

Therapeutic Marijuana (TM) Designation

The Board developed this virtual credential and requires its possession by all pharmacists, pharmacy interns, and pharmacy technicians intending to practice in a marijuana pharmacy, as well as by any person intending to serve as the Owner's Managing Officer (OMO) for a marijuana pharmacy. There is no fee for this credential; however, its issuance requires a favorable review of the CBC report from the LSP.

Therapeutic Marijuana (TM) Designation (cont.)

On receipt of the application form for this credential, the Board staff will provide a CBC packet with materials necessary for the Applicant to submit their fingerprints for analysis by the Louisiana State Police. Applicants are referred to the additional and cautionary information and recommendation presented in Item 6 above. The application form for this credential is available in this Solicitation, at the Board's website and by email from the Board office.

Anticipated Timeline for Award of Marijuana Pharmacy Permits

08/31/2017	Publish solicitation of applications for Marijuana Pharmacy Permit.
09/29/2017	Deadline for receipt of applications for Marijuana Pharmacy Permit.
10/18/2017	Mail notices to applicants for Application Review Committee meeting.
11/20-22/2017	Application Review Committee meeting to interview applicants.
12/01/2017	Mail notices to applicants for Special Board Meeting.
01/03-05/2018	Special Board Meeting to select recipients of pharmacy permits.



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Application for New Louisiana Marijuana Pharmacy Permit

Please complete this form electronically prior to printing it. Since this application form requires manual signatures for the Owner's Managing Officer and Pharmacist-in-Charge, the original copy of this completed application form shall be presented to the Board either by mail or personal delivery. All other application materials shall be submitted in electronic form, with a preference for portable data format (PDF). Note the total fees due in Section 9 of this application form; the Board accepts checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Region Requested; Reason for Application

Please select the region for which you are applying; only one region may be selected per application. Note parishes in each region.

- Acadian (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, & Vermilion)
- Capitol (Ascension, E. Baton Rouge, E. Feliciana, Iberville, Pointe Coupee, W. Baton Rouge, & W. Feliciana)
- Central (Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, & Winn)
- Metropolitan (Jefferson, Orleans, Plaquemines, & St. Bernard)
- Northeast (Caldwell, E. Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, & W. Carroll)
- Northwest (Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, & Webster)
- Southeast (Livingston, St. Helena, St. Tammany, Tangipahoa, & Washington)
- Southwest (Allen, Beauregard, Calcasieu, Cameron, & Jefferson Davis)
- Teche (Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, & Terrebonne)

Reason for Application

- New Permit Anticipated Date of Opening / Transfer: _____
- Transfer of Ownership of Existing Permit → Please enter current permit number: _____

Section 2 – Permit Owner Information

Legal Name of Permit Owner: _____

Type of Organization: Individual Partnership Corporation LLC Government

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

FEIN: _____ Attach a copy of either the IRS assignment letter or a signed W-9 form.

Has this firm ever been denied a pharmacy permit in any jurisdiction? Yes No

Does this firm currently own any other pharmacy? Yes No

If the applicant identified here, or any person or firm holding an ownership interest in the applicant, owns any other pharmacy in any state, please attach an itemized listing of all such pharmacies. For each such pharmacy listed, please provide the name and physical address of the pharmacy, the permit number of that pharmacy, and whether or not that pharmacy has ever been sanctioned, disciplined, restricted, or limited by any state board of pharmacy or by any local, state, or federal government agency or by any local, state, or federal court. In the event of any such action, or a denial of an application for a pharmacy permit in any jurisdiction, please provide a copy of the board, agency, or court decision document.

For Board Use Only:

Check No.: _____ Permit No.: _____

Amount: _____ Issue Date: _____

Section 3 – Applicant’s Designated Contact Person

Name _____
Company _____
Address _____
City, State, ZIP _____
Telephone _____ Facsimile _____ Email _____

Section 4 – Individual Ownership Information

Identify and account for 100% of the ownership of the legal entity identified in Section 2 above. For each **person** so identified, please attach documentation of the following: (1) full legal name, (2) date of birth, (3) Social Security Number, (4) mailing address, (5) telephone number, and (6) percentage of ownership or fraction thereof. Further, in the event any owner holds, or has ever held, a professional license or other credential issued by any state government agency, please provide a legible copy of the credential [or website verification thereof] and indicate whether or not the credential has ever been sanctioned or disciplined by any state licensing agency, or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any sanction or discipline, or if an application for such a credential has ever been denied in any jurisdiction, please provide a copy of the board, agency, or court decision document. Finally, please alert any person holding any ownership interest, as well as any corporate officer, to expect a request and appropriate materials for a criminal background check from this office. We are unable to accept or rely on similar checks performed by other entities. For each **organization** so identified, please attach documentation of the following: (1) full legal name, (2) Federal Employer Identification Number, (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting for 100% of the ownership of the organization. Where there are multiple levels, please provide an organizational chart clearly identifying the corporate relationships.

Section 5 – Pharmacy Information

Trade Name [d/b/a]: _____
Physical Address: _____
City, Parish, State, ZIP: _____
Telephone: _____ Facsimile: _____ Email: _____
** May be used for official communications. **
Mailing Address: _____
City, State, ZIP: _____

Section 6 – Supplemental Information and Records

Please provide the following items, clearly identifying each item with this Section and the appropriate Item number (e.g., 6-A):

- A. A detailed description of any other services or products to be offered by the marijuana pharmacy.
- B. Details regarding the applicant’s plans to maintain adequate control against the diversion, theft, or loss of marijuana.
- C. Documents or information sufficient to establish the applicant is authorized to conduct business in Louisiana and that all applicable state and local building, fire and zoning requirements, and local ordinances will be met.
- D. Text and graphic materials showing the exterior appearance of the proposed marijuana pharmacy and its site compatibility with commercial or residential structures already constructed or under construction within the immediate neighborhood.
- E. A blueprint of the proposed marijuana pharmacy which shall, at a minimum, show and identify:
 - i. The square footage of the area which will constitute the prescription department;
 - ii. The square footage of the overall marijuana pharmacy;
 - iii. The square footage and location of areas used as storerooms or stockrooms;
 - iv. The size of the counter that will be used for the dispensing and sale of marijuana;
 - v. The location of the marijuana pharmacy sink and refrigerator, if any;
 - vi. The location of all approved safes and vaults that will be used to store marijuana;
 - vii. The location of the toilet facilities;
 - viii. The location of the break room and location of lockers for personal belongings;
 - ix. The location and size of the patient counseling area(s);
 - x. The location(s) where any other products or services will be offered; and
 - xi. The location of all areas that may contain marijuana showing the location of walls, partitions, counters, and all areas of ingress and egress.
- F. Documentation of applicant's financial capacity to properly operate a marijuana pharmacy, in the form of an escrow account, letter of credit, or surety bond in an amount not less than \$100,000 with a financial institution headquartered in Louisiana and payable to the Louisiana Board of Pharmacy.

Section 7 – Owner’s Managing Officer (OMO)

The individual identified in this section shall be the person authorized by the owner(s) to act on their behalf and shall be responsible to the Board for the proper operation of the pharmacy in compliance with all laws and regulations.

Name: _____

Date of birth: _____ Social Security Number: _____

Corporate Position/Title: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

** May be used for official communications. **

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the Owner’s Managing Officer with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the permit.

1. Yes No Have you **ever** been issued any of the following:
 - A citation or summons, *and/or*
 - Has/have warrant(s) been issued against you, *and/or*
 - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
 - Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, *and/or*
 - Been sentenced or pardoned,for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes” and mail certified copies of the decision documents along with your personal letter of explanation.

 - Traffic violations such as speeding or parking tickets do not need to be reported; however,
 - DUI/DWI events must be reported, regardless of final disposition.

2. Yes No Have you **ever** had a professional license denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*
Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

3. Yes No Have you been discharged from the military on ground(s) other than an honorable discharge?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of the discharge and documentation of the underlying action(s) resulting in the discharge.

4. Yes No Have you been reported to the National Practitioner Data Bank (NPDB)?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the report from the NPDB.

5. Yes No Have you filed an application for a credential in another state or jurisdiction but were denied or refused?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the decision document.

6. Yes No Have you ever been licensed or credentialed in a country other than the United States?

In the event of an affirmative reply to this question, please provide a legible copy of that credential along with the name and address of the certifying authority.

7. Yes No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all discharge summaries and other relevant medical and/or treatment records.

Section 8 – Pharmacist-in-Charge (PIC)

No person may accept an appointment as the PIC of a Louisiana pharmacy permit until the Board has received his properly executed Affidavit of Acknowledgment and Acceptance of Responsibility of Pharmacist-in-Charge, a blank copy of which is accessible on the Board's website.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

** May be used for official communications. **

Louisiana PST License No.: _____

Do you currently serve as the PIC of any other Louisiana pharmacy permit? No Yes [Permit No. PHY. _____]

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the Pharmacist-in-Charge with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the permit.

1. Yes No

Have you **ever** been issued any of the following:

- A citation or summons, *and/or*
- Has/have warrant(s) been issued against you, *and/or*
- Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
- Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, *and/or*
- Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes” and mail certified copies of the decision documents along with your personal letter of explanation.

- Traffic violations such as speeding or parking tickets do not need to be reported; however,
- DUI or DWI events must be reported, regardless of final disposition.

2. Yes No

Have you had a professional license as a pharmacist or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

3. Yes No

Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*

Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*

Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*

Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

4. Yes No

Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacist?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

5. Yes No

Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

Section 9 – Required Attachments

Please verify the presence of the required attachments:

- All Pharmacies
 - (1) IRS document from Section 2.
 - (2) Information on other pharmacies from Section 2.
 - (3) Individual ownership information from Section 4.
 - (4) Supplemental information from Section 6.
 - (5) Documents required from OMO in Section 7.
 - (6) Documents required from PIC in Section 8.

- Ownership Transfers

By the attached letter, the owner of the existing pharmacy permit shall confirm the pending sale to the applicant as well as the anticipated transfer date recorded in Section 1. The new owner shall confirm the sale with a copy of the Bill of Sale or similar legal document.

- Fees

(1) New pharmacy permit fee [R.S. 37:1184(3)(a)]	\$150
(2) Pharmacy CDS permit fee [R.S. 37:1184(3)(f)]	\$ 25
(3) Pharmacy prescription monitoring program fee [R.S. 40:1013(C)]	\$ 25
(4) Administrative hearing fee [R.S. 37:1184(1)(i)]	<u>\$250</u>
Total fees due with application:	\$450

Section 10 – Attestations

By their signatures in Section 11, the Owner's Managing Officer (OMO) and the Pharmacist-in-Charge (PIC) attest their knowledge and agreement with the following statements:

We understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents until the pharmacy is issued a permit by the Board.

We understand and agree that no permit to operate a pharmacy shall be granted or renewed unless evidence satisfactory to the Board ensures that a pharmacist will be on duty during normal business hours.

We understand and agree that in the event any information contained in this application or supplemental materials changes after its submission to the Board, we shall immediately notify the Board in writing and provide corrected information in a timely manner so as not to disrupt the application processing or permit selection.

We understand and agree the Board may verify information contained in this application and supplemental materials in order to assess our character and fitness to operate a marijuana pharmacy by, among other actions:

- Contacting the applicant by telephone, electronic mail, mail, or such other means is reasonable under the circumstances;
- Conducting one or more on-site visits of the location for the proposed marijuana pharmacy, or other pharmacies associated with the applicant or any of the applicant's owners;
- Conducting background checks or contacting references of the applicant, its managing officer, any of the corporate officers, or any shareholder, as well as the pharmacist-in-charge;
- Contacting state regulators in any other states where the applicant, the applicant's owners or corporate officers, or its pharmacist-in-charge are engaged in, or have sought to be engaged in, any aspect of that state's medical marijuana program; or
- Requiring a personal meeting with the owner's managing officer and the pharmacist-in-charge and the submission of additional information or documents.

We understand and agree that a permit to operate a pharmacy shall not be transferable to a new owner, and further, that a change in the ownership of the permit by 50% or more since its initial issuance shall trigger the required change of ownership procedures.

We understand and agree that this pharmacy shall be operated in compliance with the Louisiana Pharmacy Practice Act (La. R.S. 37:1161 to 1250) and the professional and occupational standards found in Part LIII of Title 46 of the Louisiana Administrative Code, as well as all other federal and state laws and rules that may be applicable to the scope of services rendered to Louisiana residents at this pharmacy.

Section 11 – Required Signatures

The individual identified in Section 7 of the application form is required to sign and date this block, which shall be done only in the presence of a notary public.

Owner's Managing Officer	
<p>Having been duly sworn by the undersigned notary, I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in this section, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.</p>	
<hr style="width: 80%; margin: 0 auto;"/> Printed Name of Owner's Managing Officer	<hr style="width: 80%; margin: 0 auto;"/> Signature of Owner's Managing Officer
<p>I hereby certify that the Attestations of the Owner's Managing Officer were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.</p>	
Seal	<hr style="width: 80%; margin: 0 auto;"/> Signature of Notary Public
	<hr style="width: 80%; margin: 0 auto;"/> Parish or County
	<hr style="width: 80%; margin: 0 auto;"/> Expiration Date of Commission

The individual identified in Section 8 of the application is required to sign and date this block, which shall be done only in the presence of a notary public.

Pharmacist-in-Charge	
<p>Having been duly sworn by the undersigned notary, I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in this section, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.</p>	
<hr style="width: 80%; margin: 0 auto;"/> Printed Name of Pharmacist-in-Charge	<hr style="width: 80%; margin: 0 auto;"/> Signature of Pharmacist-in-Charge
<p>I hereby certify that the Attestations of the Pharmacist-in-Charge were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.</p>	
Seal	<hr style="width: 80%; margin: 0 auto;"/> Signature of Notary Public
	<hr style="width: 80%; margin: 0 auto;"/> Parish or County
	<hr style="width: 80%; margin: 0 auto;"/> Expiration Date of Commission



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Application for Therapeutic Marijuana (TM) Designation

Please complete form electronically before printing it then sign and date the bottom of the form before submitting it. You may fax, scan or mail (see addresses above) the completed form to our office. There is no fee for this credential.

Section 1. Applicant Identification

Name: _____

Credential Type: Pharmacist Intern Technician Credential No.: _____

Applicant's E-mail Address: _____

In the event the applicant does not hold a professional credential issued by the Louisiana Board of Pharmacy but seeks a TM designation for the purpose of serving as the Owner's Managing Officer (OMO) of a marijuana pharmacy, please identify the name of the marijuana pharmacy with which the OMO is affiliated:

Name of Pharmacy: _____

Section 2. Eligibility & Issuance Criteria

Section 2449 of the Board's rules specifies the eligibility for this designation and the criteria for its issuance.

- Eligibility for this designation is limited to:
 - Applicants holding a pharmacist license, intern registration, or technician certificate which was issued at least two years prior to the date of this application, is currently in active status, and has not been disciplined by the Board during the two-year period prior to the date of this application; or
 - Applicants listed as an Owner's Managing Officer (OMO) on the application for a new marijuana pharmacy permit, or on a request to become a replacement OMO for an existing marijuana pharmacy.
- Issuance of this designation requires the Board's favorable review of the applicant's criminal background check (CBC). The CBC packet, containing fingerprint cards and other documents, is available at the Board office to applicants. Since the CBC packet contains information for the fee payable to Louisiana State Police (LSP) as well as the routing of the LSP report to the Board, applicants must first obtain the CBC packet from the Board before visiting a local law enforcement agency. The applicant may visit their local law enforcement agency office to have their fingerprints applied to the fingerprint cards, or in the alternative, may have their fingerprints electronically scanned at the Louisiana State Police (LSP) Headquarters located at 7919 Independence Avenue in Baton Rouge, Louisiana 70806. **Although it is not required, we strongly recommend the applicant have their fingerprints electronically scanned at LSP. It is our experience that prints scanned by LSP are processed in approximately half the time required to process mailed prints.**
 - Previous CBC reports provided to the Board may be used for this purpose, provided that the CBC report shall be dated within the two-year period prior to the date of this application.
 - The law authorizing the Board to require criminal background checks requires the Board to use the LSP, and further, prohibits the Board's use of similar checks performed for or by other organizations.

Section 3. Maintenance

- This is a virtual credential. No paper documents exist. In the event you require written verification of the status of your TM designation, you may print the status message at the Board's website.
- There is no application form or fee to renew this TM designation; it will renew automatically with your primary credential (PST license, PNT registration, or CPT certificate).
- In the event your primary credential should expire, then your TM designation – and the privilege attached thereto – will also expire at the same time.

Signature: _____

Date: _____



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ Facsimile 225.925.6499
www.pharmacy.la.gov ~ E-mail: info@pharmacy.la.gov



Application for New Louisiana Marijuana Pharmacy Permit

Guidance for Applicants & Evaluation Criteria

I. Authority

The process for the selection and award of the Marijuana Pharmacy Permit is conducted by the Board under the authority of the enabling legislation at La. R.S. 40:1046 *et seq.*, the Administrative Procedure Act at La. R.S. 49:950 *et seq.*, and the Louisiana Administrative Code at LAC 46:LIII.2440 *et seq.*

II. Minimum Requirements

To be considered for selection and award of the Marijuana Pharmacy Permit, the Applicant shall meet the following minimum requirements:

- A. Submit a properly completed, signed and notarized application for a Louisiana Pharmacy Permit as provided by the Board.
- B. Demonstrate their authority to conduct business in the State of Louisiana with a Certificate of Authority from the Louisiana Secretary of State.
- C. Provide a brief summary of the Applicant's qualifications, experience and industry knowledge relevant to the development and operation of a Marijuana Pharmacy.
- D. Applicant shall ensure the following persons submit to a criminal background check pursuant to La. R.S. 37:1182(A)(22):
 1. Any person holding any ownership interest in the legal entity applying for the Marijuana Pharmacy Permit;
 2. The Owner's Managing Officer as identified by the Applicant;
 3. The Pharmacist-in-Charge as identified by the Applicant; and
 4. Any other person who may have control or influence over the operation of the proposed Marijuana Pharmacy.
 - On receipt and preliminary review of the application, the Board staff will provide to the Applicant an appropriate number of CBC packets necessary to accomplish the checks for the persons identified in the application.
 - Since the CBC packet contains information for the fee payable to Louisiana State Police (LSP) as well as the routing of the LSP report to the Board, Applicants must first obtain the CBC packet from the Board before visiting a local law enforcement agency. The applicant may visit their local law enforcement agency office to have their fingerprints applied to the fingerprint cards, or in the alternative, may have their

II. Minimum Requirements (cont.)

fingerprints electronically scanned at the Louisiana State Police (LSP) Headquarters located at 7919 Independence Avenue in Baton Rouge, Louisiana 70806.

- **Although it is not required, we strongly recommend the applicant have their fingerprints electronically scanned at LSP. It is our experience that prints scanned by LSP are processed in approximately half the time required to process mailed prints.**
- Previous CBC reports provided to the Board may be used for this purpose provided that the CBC report shall be dated within the two-year period prior to the date of the application for the marijuana pharmacy permit.
- The law authorizing the Board to require criminal background checks requires the Board to use the LSP, and further, prohibits the Board's use of similar checks performed for or by other organizations.

III. Confidential Information

Pursuant to the Louisiana Public Records Act at La. R.S. 44:1 *et seq.*, all proceedings, records, contracts, and other public documents relating to an application shall be open to public inspection.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within an application identified as such shall be clearly marked in the application at the time of submission and will be treated in accordance with the Louisiana Public Records Act. Any application copyrighted or marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

The Applicant shall mark the cover of the application with the following legend, specifying the specific section(s) of the application sought to be restricted in accordance with the conditions of the legend:

“The data contained in pages ____ of the application have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a Marijuana Pharmacy Permit is issued to the Applicant as a result of or in connection with the submission of this application, the Board shall have the right to use or disclose the data therein to the extent provided in the application. This restriction shall not limit the Board's right to use or disclose data obtained from any source, including the Applicant, without restrictions.”

Further, to protect such data, each page containing such data shall be specifically identified and marked as “CONFIDENTIAL”. The Applicant shall be prepared to defend the reason(s) why the material should be held confidential. Additionally, any application that fails to follow this designation requirement and/or La. R.S. 44:3(D)(1) shall have failed to properly assert the designation of trade secrets and/or privileged or confidential proprietary information and such information may be considered public record.

III. Confidential Information (cont.)

The Board makes no warranty or guarantee as to any ability to maintain the confidentiality or privacy of any material or documents provided by an Applicant in response to the application's requirements, regardless of any language accompanying the material or documents.

IV. Evaluation Criteria

The Board has established minimum requirements for applications as well as criteria for evaluating applications in its Rule at LAC 46:LIII.2447. To assist the Board in its evaluation process, a scoring system has been constructed, a summary of which is presented here.

A. *Character & Fitness [10 points]*

The character and fitness of the Owner's Managing Officer, the Pharmacist-in-Charge, any of the owners and any other person who may have control or influence over the operation of the proposed pharmacy. Past or pending disciplinary actions by the Board, criminal background check results, past or pending civil litigation and letters of reference may all be taken into account in making this determination.

B. *Experience [10 points]*

The Applicant shall provide resumes stating the particular skills, education, experience or significant accomplishments that are relevant to the position held by all members and principals with an ownership interest in the Applicant's firm and all personnel outlined in the organizational chart, as available. Please include names, titles, experience and qualifications of the management team that will provide oversight. The Board shall consider any pharmacy practice experience of the Owner's Managing Officer, Pharmacist-in-Charge, any of the owners, and the Applicant's other employees or consultants, as well as any experience in the legal operation of a marijuana dispensary in another jurisdiction.

C. *Operation Services [50 points]*

1. *Personnel & General Operations [10 points]*

The Applicant shall:

- a. describe the training that will be provided to all staff members including but not limited to information concerning operation, safety, security, building, and emergency procedures;
- b. describe the drug and alcohol policy for employees;
- c. describe the experience expectations of staff and whether staff will be full time employees or part-time employees or contractors;
- d. describe the plan to provide a quality working environment for staff, including but not limited to, safety training and code of conduct; and
- e. describe any additional insurance coverages which are intended to be acquired for other potential liabilities.

IV. Evaluation Criteria (cont.)

2. *Pharmacy Facility Location [20 points]*

- a. The location of the proposed pharmacy shall be closely examined for several factors, including but not limited to:
 - i. proximity to previously approved marijuana pharmacies or locations of proposed marijuana pharmacies with pending applications;
 - ii. whether the patient population on the area proposed by the Applicant justifies the need for a marijuana pharmacy, or an additional marijuana pharmacy, in that area;
 - iii. whether the proximity of the proposed marijuana pharmacy will have a detrimental effect upon any place used primarily for religious worship, public or private school, convent, charitable institution, whether supported by the private or public funds, hospital or veteran's home or any camp or military establishment; or
 - iv. whether the number of marijuana pharmacies in the locality is such that the granting of a permit is detrimental to the public interest.
- b. The Applicant shall:
 - i. Describe the proposed location, including the physical address and provide a site plan, drawn to scale, of the proposed pharmacy showing all streets, property lines, buildings, and parking areas.
 - ii. Documents must be provided that reflect state and building, fire and zoning approvals/requirements and all applicable local ordinances shall be met for the proposed location of the pharmacy. If documents to this effect do not exist yet, please so indicate, but provide the description of the proposed pharmacy and the plan and timeline to finalize the documentation if selected.
 - iii. Provide photographs of the surrounding neighborhood and businesses within 1000 feet of the proposed pharmacy sufficient to evaluate the proposed pharmacy's compatibility with commercial or residential structures already constructed or under construction within its surrounding area.
- c. If the facility or property on which the proposed pharmacy is located is not owned by the Applicant, provide copies of all applicable executed and proposed deeds, leases, and rental agreements related to the Applicant's real property interests.

3. *Pharmacy Facility Design [20 points]*

- a. The Applicant shall provide a schematic design of the proposed Pharmacy that shows the following:
 - i. the square footage of the area which will constitute the prescription department;
 - ii. the square footage of the overall facility;

IV. Evaluation Criteria (cont.)

- iii. the square footage and location of areas used as storerooms or stockrooms;
 - iv. the size of the counter(s) that will be used for the dispensing and sale of marijuana;
 - v. the location of the pharmacy sink and refrigerator;
 - vi. the location of all approved safes and vaults that will be used to store marijuana;
 - vii. the location of the toilet facilities;
 - viii. the location of the break room and location of lockers for personal belongings;
 - ix. the location and size of the patient counseling area(s);
 - x. the location(s) where any other products or services will be offered; and
 - xi. the location of all areas that may contain marijuana showing the location of walls, partitions, counters and all areas of ingress and egress.
- b. The Applicant may be required to submit other documents and information reasonably required by the Board to determine the Applicant's suitability for a permit or to protect the public's health, safety and welfare.

D. Security [20 points]

1. The Applicant shall describe how it will adequately control against diversion, theft, or loss of marijuana.
2. The Applicant shall describe the process for any employee to report the suspected or confirmed diversion of marijuana.
3. The Applicant shall describe the process it will take to ensure that access to the pharmacy department premises will be limited only to employees and authorized personnel.
4. The Applicant shall describe all security measures and system redundancies installed to limit access to all restricted entry areas identified and secure the pharmacy, including:
 - a. Perimeter security;
 - b. Pedestrian doors;
 - c. Lighting;
 - d. Signage;
 - e. Closed circuit video monitoring system;
 - f. Security alarm;
 - g. Fire alarm;
 - h. Key management system;
 - i. Cyber security; and
 - j. Emergency evacuation and response plan.

IV. Evaluation Criteria (cont.)

5. The Applicant shall describe the process it will use to secure any backup data and restore lost data in the event of a systems crash, compromised software breach or cyber attack.

E. Financial Capacity [10 points]

1. Provide evidence of a relationship with a Louisiana-based financial institution which will provide services to the Applicant such as checking accounts, loans, etc. A letter from the financial institution signed by the authorized representative of the financial institution acknowledging that they will conduct business with the Applicant.
2. The Applicant shall supplement the application form with sufficient documentation of the applicant's financial capacity to properly operate a pharmacy, including but not limited to evidence of its escrow account, letter of credit, or surety bond of at least \$100,000.00 in a financial institution headquartered in Louisiana.

V. Review & Evaluation

Applications will be evaluated using the following criteria:

Criteria	Scoring
Character & Fitness	10 points
Experience	10 points
Operation Services	50 points
Security	20 points
Financial	10 points
Total	100 points