Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, LA 70809
Website: www.pharmacy.la.gov Email: info@pharmacy.la.gov

Database Access Request Form for a Dispenser

Dispenser's Information		
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. **State License Number**
7. **E-mail Address** (**Shared email accounts will **not** be accepted. Email must be secure)		8. **Contact Phone Number**
9. **Proposed System Access Password** (Must contain least 8 characters:1 capital letter, 1 lowercase letter, and 1 number. No dictionary words or names. Keep confidential for security reasons)		

Pursuant to La. R.S. 40:1009 (B)&(C). Unlawful acts and penalties

B. A person or entity authorized to possess prescription monitoring information pursuant to this Part who knowingly discloses such information in violation of this Part shall be referred to the appropriate professional licensing, certification or regulatory agency for administrative sanctions as deemed appropriate by that agency and may, upon criminal conviction, be **imprisoned**, with or without hard labor, for not more than **five years**, and in addition, may be **fined** not more than **five thousand dollars**. *(Emphasis added)*

C. A person or entity authorized to possess prescription monitoring information pursuant to this Part who uses such information in a manner or for a purpose in violation of this Part shall be referred to the appropriate professional licensing, certification, or regulatory agency for administrative sanctions as deemed appropriate by that agency and may, upon criminal conviction, be **imprisoned**, with or without hard labor, for not more than **five years**, and in addition, may be **fined** not more than **five thousand dollars**. *(Emphasis added)*

I have read the provisions above and agree to abide by those terms.

Dispenser's Signature: _____

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

State of_____. On this _____day of _____, 20._____

_____

NOTARY PUBLIC

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

For Board Use Only: ☐ Orientation Complete ☐ Active PST ☐ ID Card PMP No. _____