



# Louisiana Board of Pharmacy

3388 Brentwood Drive, Baton Rouge, LA 70809  
Website: [www.pharmacy.la.gov](http://www.pharmacy.la.gov) Email: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Database Access Request Form for a Prescriber

<b>Prescriber's 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. Prescriber's DEA Registration Number
7. E-mail Address (**Shared email accounts will not be accepted. Email must be secure)		8. Contact Phone Number
9. License Classification (check the appropriate box)		
APRN <input type="checkbox"/>	Dentist <input type="checkbox"/>	Med. Psych. <input type="checkbox"/>
Physician <input type="checkbox"/>	PA <input type="checkbox"/>	Podiatrist <input type="checkbox"/>
		Optometrist <input type="checkbox"/>
		DVM <input type="checkbox"/>
		Other <input type="checkbox"/> > please specify

### 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.**

Prescriber's Signature: \_\_\_\_\_

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"/> Orientation Complete	<input type="checkbox"/> Pro License Active
<input type="checkbox"/> DEA Active	<input type="checkbox"/> ID
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. 225.925.4767  
Fax. 225.925.6408

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