



Louisiana Board of Pharmacy

5615 Corporate Boulevard, 8th Floor
Baton Rouge, Louisiana 70808-2537

www.labp.com



Application for Louisiana Pharmacy Permit & Louisiana Controlled Dangerous Substance (CDS) License

Notices

- Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments. Section 1131 of that Chapter identifies requirements relative to the opening of a new pharmacy. All of our laws and rules may be accessed on our website, at www.labp.com.
- We encourage you to type your entries on the application. If you choose to print, please do so legibly using blue or black ink. Do not use pencil. Applications completed in pencil, or those with illegible entries, will be returned to the applicant's designated contact person.
- Please do not use entries such as "See attached"; an appropriate entry shall be made in each section. Incomplete applications will be returned to the applicant's designated contact person.
- Blank applications may be copied as needed; please use standard copy paper. Applications completed or reproduced on thermal or waxy paper will not be accepted, and they will be returned to the applicant's designated contact person.
- We encourage you to review your application and attachments prior to submitting it to the Board. Our experience shows the most common reason to return an application is for incomplete documents. This will only delay the processing of your application.
- The application shall be submitted to the Board office, at the address noted hereinabove, no later than thirty (30) days prior to the anticipated opening date of the new pharmacy or the ownership transfer.
- Upon receipt of your properly completed application, we will forward criminal background check materials to the owner's managing officer and the pharmacist-in-charge.
- Your application and fee will be valid for up to one year after the date of its receipt at the Board office. If the permit has not been issued by that date, the application will be voided and the fee will be forfeited.
- Upon preliminary approval of the application by the Credentials Division, the applicant's designated contact person will be provided with information to that effect. In addition, we will also provide sufficient information to contact a pharmacist compliance officer, for the purpose of arranging a site inspection at a mutually agreeable time.
- When the pharmacist compliance officer has completed the site inspection and certified compliance with the appropriate requirements, the Board will mail the permit to the pharmacy.
- Pharmacy permits expire at midnight on December 31 of every calendar year, regardless of the date of issuance. Pharmacies may not operate with expired permits.

Pharmacy Program

Tel. 225.922.0852

Fax. 225.925.6499

pharmacy@labp.com

CDS Program

Tel. 225.925.4770

Fax. 225.925.4799

cds@labp.com

Administration

Tel. 225.925.6496

Fax. 225.922.0316

labp@labp.com



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Telephone 225.922.0852 ~ Facsimile 225.925.6499
Website: www.labp.com ~ Email: pharmacy@labp.com



Application for Louisiana Pharmacy Permit & Louisiana Controlled Dangerous Substance (CDS) License (Complete this application for pharmacies located within Louisiana.)

Please type all entries; if printing, please do so legibly using blue or black ink. All checks or money orders should be made payable to "Louisiana Board of Pharmacy." Mail application, attachments, and fee to the address noted at the top of this page. Incomplete applications will be returned. All permits expire on December 31.

Section 1 – Pharmacy Information

Name (d/b/a) _____

Physical Address _____

City, Parish, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Mailing Address _____

City, Parish, State, ZIP _____

Section 2 – Reason for Application [select one] & Date of Opening

____ New Pharmacy Permit ____ Ownership Transfer Anticipated Date of Opening _____

Section 3 – Type of Permit Requested & Fees

____ Community – Independent	New Pharmacy Permit Fee	\$150.00
____ Community – Chain (5+ stores)	Prescription Monitoring Program (PMP) Fee	25.00
____ Hospital	Louisiana CDS License	25.00 **
____ Institutional	Total Due with Application	\$200.00
____ Nuclear		
____ Charitable		

** If this pharmacy will not procure, receive, possess, distribute, or dispense any controlled substances, or if this license is not needed, please line through this item and submit a total of \$175.00 with the application.

Section 4 – Applicant's Designated Contact Person

Name _____

Company _____

Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

For Board Use Only:

Date application received: _____ Check / M.O. # _____ Amt. _____

Interview Required: Yes / No Compliance Officer: _____ Permit No. _____ Issued: _____

Section 5 – Pharmacy Ownership [select one]

Please identify the legal entity which owns the pharmacy identified in Section 1.

Individual Name: _____

Partnership Name: _____

Corporation Name: _____

LLC Name: _____

Association Name: _____

Government Name: _____

Other [explain] Name: _____

Section 6 – Owner’s Address

Please enter the business address of the entity identified in Section 5.

Physical Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____ Website _____

Mailing Address _____

City, State, ZIP _____

Section 7 – Ownership of Other Pharmacies

Does the entity identified in Section 5 currently own any other pharmacy? Yes No

If the entity identified in Section 5 does own any other pharmacy in any state, please attach an itemized listing of all such pharmacies. For each such entry, 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 or disciplined by any state board of pharmacy; by any local, state, or federal government agency; or by any local, state, or federal court.

Section 8 – Owner’s Managing Officer

The person identified in this section shall be the individual 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 _____

Position/Title _____

Mailing Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

La. R.S. 36:1216 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. Upon receipt of this properly completed application, the Board will provide you with the materials necessary to conduct a criminal history record search with the Louisiana State Police and the Federal Bureau of Investigation. Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.

Have you ever been arrested, indicted, or charged with any crimes in any state? No Yes

Have you ever been the subject of any disciplinary action by any government agency, or have you ever been the subject of any legal or other adverse action from any law enforcement agency or any local, state, or federal court? No Yes

Are you currently charged with the commission of a felony in any state? No Yes

Have you ever been convicted of a felony in any state? No Yes

If you answered “Yes” to any of the four questions above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges. Your failure to disclose any prior criminal history may result in the denial of this application.

Section 9 – Registered Agent for Service of Process

In the absence of a designated agent, the applicant will be deemed to have designated the Louisiana Secretary of State to be its agent, upon whom may be served all legal process in any action or proceeding against the pharmacy.

Name _____

Mailing Address _____

City, State, ZIP _____

Section 10 – Ownership Transfer of an Existing Pharmacy

If this option was selected in Section 2, please identify the existing pharmacy as it appears on that pharmacy's permit.

Pharmacy Name (d/b/a) _____

Physical Address _____

City, State, ZIP _____

Pharmacy Permit No. _____ CDS License No. _____ DEA Registration No. _____

Section 11 – Pharmacist-in-Charge

No person may serve as the pharmacist-in-charge (PIC) of a pharmacy until the Board has received his properly executed Affidavit of Acknowledgement and Acceptance of Responsibility of Pharmacist-in-Charge.

Name _____

Mailing Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Louisiana Pharmacist License No. _____

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

La. R.S. 36:1216 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. Upon receipt of this properly completed application, the Board will provide you with the materials necessary to conduct a criminal history record search with the Louisiana State Police and the Federal Bureau of Investigation. Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.

Have you ever been arrested, indicted, or charged with any crimes in any state? No Yes

Have you ever been the subject of any disciplinary action by any government agency, or have you ever been the subject of any legal or other adverse action from any law enforcement agency or any local, state, or federal court? No Yes

Are you currently charged with the commission of a felony in any state? No Yes

Have you ever been convicted of a felony in any state? No Yes

If you answered "Yes" to any of the four questions above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges. Your failure to disclose any prior criminal history may result in the denial of this application.

Section 12 – Special Services

Will this pharmacy perform any non-sterile compounding services? No Yes

Will this pharmacy perform any sterile compounding services? No Yes

Will this pharmacy utilize an Automated Medication System (AMS)? No Yes

Will this pharmacy dispense or distribute any prescription medical devices? No Yes

Will this pharmacy dispense or distribute any medical gases? No Yes

Will this pharmacy utilize a website to facilitate its dispensing operations? No Yes

If so, is the site certified by VIPPS? No Yes Location of server: _____

Section 13 – Required Attachments

- All Pharmacies Identify all individuals holding an ownership interest, as well as their percentage or fraction thereof, in the entity identified in Section 5. For each person so identified, please provide their full name, date of birth, Social Security number, address (business and home), and telephone number (business and home). Further, if any of these individuals hold a professional license or credential from any state government agency, please indicate their designation and provide a copy of the license or credential. Finally, please indicate whether that license or credential has ever been sanctioned or disciplined, and if so, provide a copy of that agency decision.
Identify all officers, partners, and board members, along with their position titles. For each person so identified, please provide their full name, date of birth, Social Security Number, addresses (business and home), and telephone numbers (business and home). Further, if any of these individuals hold a professional license or credential from any state government agency, please indicate their designation and provide a copy of the license or credential. Finally, please indicate whether that license or credential has ever been sanctioned or disciplined, and if so, provide a copy of that agency decision.
- Nuclear Pharmacies Please provide a legible copy of the pharmacy's Louisiana Radioactive Material License. The pharmacist-in-charge identified in Section 11 must be identified on that license.
- Charitable Pharmacies Please provide a legible copy of your 501(c)(3) letter from the IRS.
- Ownership Transfers By the attached letter, the owner of the existing pharmacy shall confirm the pending sale to the applicant, as well as the anticipated transfer date.

Section 14 – Attestations

By their signatures below, the owner's managing officer and the pharmacist-in-charge attest to their knowledge and agreement with the following statements:

We understand and agree that our application and fee will be valid for up to one year following the date of receipt in the Board's office.

We understand and agree that no person shall open, establish, operate, or maintain a pharmacy unless 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 the parties executing this application may be required to personally appear before the Board prior to any decision on the permit application.

We understand and agree that no person shall carry on, conduct, or transact business under a name which contains a part thereof the words "pharmacist", "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "druggist", "drugs", or any word or words of similar or like import, or in any manner by advertisement, circular, poster, sign, or otherwise describe or refer to a place of business by the terms of "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "drugs", or any word or words of similar or like import, unless the place of business is validly permitted by the Board.

We understand and agree a prescription issued solely on the results of answers to an electronic questionnaire, in the absence of a documented patient evaluation including a physical examination, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription, and further, that a pharmacist who dispenses prescription drugs in violation of Section 2515 of the Board's rules is not acting in the best interest of the patient and is dispensing outside the course of the professional practice of pharmacy.

We understand and agree that a permit to operate a pharmacy shall not be transferable to a new owner.

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), the Uniform Controlled Dangerous Substances Law (La. R.S. 40:961 to 1049), 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 at this pharmacy.

Owner's Managing Officer

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.

Signature of Owner's Managing Officer

Date

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 _____.

Seal
Required

Signature of Notary Public

Parish or County

Expiration Date of Commission

Pharmacist-in-Charge

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.

Signature of Pharmacist-in-Charge

Date

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 _____.

Seal
Required

Signature of Notary Public

Parish or County

Expiration Date of Commission