



Louisiana Board of Pharmacy

5615 Corporate Blvd., Suite 8-E
Baton Rouge, Louisiana 70808-2537

Telephone (225) 925-6496
Facsimile (225) 925-6499
Web address: www.labp.com
Email: labp@labp.com

APPLICATION FOR LATE RENEWAL OF AN AUTOMATED MEDICATION SYSTEM (AMS) REGISTRATION FOR 2010-2011

Name of Facility Where AMS is Utilized:		
Facility Address:		
City:	State:	Zip:
AMS Registration #		

In the event this application form is hand-delivered or postmarked on or after **July 30, 2010**, additional reinstatement procedures may be required. Please contact the Board office for specific instructions.

If AMS is located at a Board-permitted pharmacy (same address as provider pharmacy), no renewal fee is required; however, a \$200.00 reinstatement fee is required.

If AMS is located at a facility not permitted by the Board (address is different from the provider pharmacy), please enter the facility's DHH License or CDS License information below:

Dept. of Health and Hospitals (DHH)
Health Standards License Number _____ Expiration Date _____
Controlled Dangerous Substances (CDS) License Number _____ Expiration Date _____

The total fee due is \$350.00 which includes the \$150.00 annual renewal fee and the \$200.00 reinstatement fee.

If errors exist with any information entered on this application, please make necessary changes on this application by lining through the incorrect data and legibly print or type the correct data.

Facility Administrator (signature required - bottom-right)	Facility Telephone Number:
Provider Pharmacy Name:	Pharmacy Permit #:
Pharmacy Street Address:	Pharmacy Telephone #:
Pharmacy City, State, Zip:	
Pharmacist-in-charge (PIC):	PIC License #:

In compliance with the Louisiana Pharmacy Practice Act and the regulations promulgated thereto, we the undersigned facility administrator and Pharmacist-in-Charge hereby request a renewal of the indicated AMS Registration.

Original Signature of Provider Pharmacist-in-Charge is Required

Original Signature of Administrator is Required