



# Louisiana Board of Pharmacy

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## Application for Late Renewal of Louisiana Pharmacy Permit & CDS License for Year 2010 (Complete this application for pharmacies located within Louisiana.)

Pharmacy Name	<b>Fees:</b> <b>Pharmacy Permit Fee</b> \$125.00 <b>Pharmacy Permit Penalty Fee</b> 62.50 <b>PMP Fee</b> 25.00 <b>CDS License Fee</b> 25.00 <b>CDS License Penalty Fee</b> 12.50 <b>Reinstatement Fee</b> 200.00 <b>Total Fees Due:</b> \$450.00 <b>See item 3 below for applications submitted on or after February 1, 2010.</b>
Address	
City State ZIP Parish	
Pharmacy Permit #	

### INSTRUCTIONS:

- 1) An ownership change cannot be accomplished on this renewal application. The new owner(s) must submit an official application to the board office with fee for subsequent issuance of a new pharmacy permit.
- 2) Please type or print legibly, using blue or black ink. Complete all blanks; incomplete applications will be returned.
- 3) Applications submitted on or after February 1, 2010 will require additional notarized documentation; contact office for detailed instructions.

Pharmacy Owner	Pharmacy Telephone Number
Pharmacy Fax Number	Pharmacy Email Address
Pharmacy DEA Registration Number	DEA Registration Expiration Date
Pharmacy Website	

### Disciplinary History

Yes _____ No _____	Has the above-named <u>pharmacy</u> had any disciplinary or adverse action taken against it by <i>any other</i> licensing jurisdiction, government agency, law enforcement agency, or court since the last renewal (or if this permit was issued during 2009, since the permit was issued)? <b>If "Yes" please attach a letter of explanation AND a certified copy of the citation or action.</b>
Yes _____ No _____	Has the above-named <u>pharmacist-in-charge</u> had any disciplinary or adverse action taken against you by <i>any other</i> licensing jurisdiction, government agency, law enforcement agency, <b>including arrests</b> , or court since the last renewal (or if licensed during 2009, since licensed)? <b>If "Yes" please attach a letter of explanation AND a certified copy of the citation or action.</b>

We, the Pharmacist-in-Charge and Owner's Managing Officer, hereby apply to the Louisiana Board of Pharmacy for renewal of the existing pharmacy permit indicated above. We hereby certify that we understand Louisiana pharmacy laws and regulations and agree to comply with them as well as any other state or federal laws which apply to the practice of pharmacy.

\_\_\_\_\_  
Original Signature of Registered Pharmacist-in-charge

\_\_\_\_\_  
Original Signature of Owner's Managing Officer