



# Louisiana Board of Pharmacy

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## Application for Louisiana Pharmacist License

### Introduction

The professional privilege of practicing pharmacy for the benefit of Louisiana citizens requires the acquisition and maintenance of a Louisiana pharmacist license from the Louisiana Board of Pharmacy. The information contained herein is provided to assist you in the licensure process. We encourage your thorough review of this information as well as the laws and rules relevant to Louisiana pharmacy practice prior to your submission of this application form and supporting documentation. There are three general requirements for pharmacist licensure – education, examination, and experience. Further, the applicant shall meet the minimum age requirement (21 years) and submit to criminal history record checks conducted by the Louisiana State Police and Federal Bureau of Investigation. The application form and supporting materials are designed to ensure documented compliance with those general requirements. There are two methods or pathways to pharmacist licensure – (1) examination or score transfer as well as (2) license transfer, also known as reciprocity. An applicant selecting the license transfer method will also need to submit a separate application available from the National Association of Boards of Pharmacy (NABP) for that purpose.

### Education

The applicant shall demonstrate compliance with the educational requirement for licensure with proof of a professional pharmacy degree awarded by a school or college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE). The deans of the schools of pharmacy within Louisiana are aware of the requirement to complete and submit the *Certification of Graduation* form after the graduate has received the professional degree. Graduates from other pharmacy schools should consult with the dean of their school to ensure their understanding of the necessity to complete the *Certification of Graduation* form, a blank copy of which can be located on the Board's website: [www.pharmacy.la.gov](http://www.pharmacy.la.gov) → *Forms & Applications* → *Pharmacy Interns* or *Pharmacists*. In lieu of a professional degree from an ACPE-accredited school of pharmacy, a foreign pharmacy graduate shall provide a legible copy of their Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate from the National Association of Boards of Pharmacy (NABP). The copy of the certificate must be legible and the certificate shall not be expired.

### Examination

The applicant shall demonstrate compliance with the examination requirement with proof of successful completion of the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination for Louisiana (MPJE-La). Both of these examinations are administered by the National Association of Boards of Pharmacy (NABP). The applicant should obtain a copy of the examination bulletin from the NABP website ([www.nabp.net](http://www.nabp.net)); further, the applicant shall register for the examinations at that same website. On receipt of a properly completed application, NABP will contact the Board office for permission to administer the examination to the applicant. Before confirming an applicant's eligibility for an examination, the Board office must have the following items in its office:

- Completed *Application for Pharmacist License* (and NABP application form if by license transfer) with appropriate fee;
- Copy of birth certificate; and
- *Certification of Graduation* from an accredited school of pharmacy (or FPGEC if a foreign pharmacy graduate) [waived for application via license transfer].

On confirmation of eligibility by the Board, NABP will issue an Authorization to Test (ATT) to the candidate. The candidate may then contact a testing center to schedule the examination.

Examination scores are made available to the candidate directly by NABP, and NABP also reports the scores to the Board. Due to the confidential nature of examination scores, the Board office will not provide verbal disclosure of that information.

NABP permits candidates for the NAPLEX test to transfer their examination score to one or more jurisdictions in addition to the original jurisdiction selected by the candidate. There are fees and timelines for that option and we encourage you to confirm those details with NABP. Please note that Louisiana accepts NAPLEX score transfers from every state **EXCEPT** California. Further, Louisiana will not accept the transfer of a license acquired via score transfer from California.

In the event multiple attempts for an examination are required, NABP has policies relative to the amount of time between attempts as well as a lifetime maximum number of attempts. The Louisiana Board respects those policies and has added one additional restriction: in the event the candidate fails the third attempt of an examination, the candidate must wait at least one year after the failed third attempt before the fourth attempt of that examination.

Applicants pursuing licensure through license transfer are not required to retake the NAPLEX; we will honor the score from your original license by examination provided that license is still in active status and also provided that license was not acquired via score transfer from California. However, the MPJE-La must be completed successfully.

Finally, examination scores expire one year after the test date. In the event licensure has not been completed by the score expiration date, the examination must be repeated.

### **Experience**

The applicant shall demonstrate compliance with the experience requirement with proof of the acquisition of 1,500 hours of practical experience in a licensed pharmacy. There are several variations in how this experience can be documented and we encourage your careful review of the information in this section.

- *Licensure by Examination or Score Transfer*

The Board requires documentation of at least 1,500 hours of pre-licensure practical experience. As evidence of the Board's value assessment of the professional experience program provided by ACPE-accredited schools of pharmacy, the Board will issue a 1,000 hour credit for the successful completion of that program as demonstrated on the *Certification of Graduation*. Therefore, the applicant must earn at least 500 hours in a licensed pharmacy separate and apart from any academic program. Experience earned outside an academic program shall be documented on a *Pharmacist's Affidavit* for that purpose, a blank copy of which may be found on the Board's website. Please note there are specific rules about the qualifications of the supervising pharmacist, maximum number of hours per week that may be credited to the applicant, as well as a prohibition on earning hours of experience within a pharmacy whose permit is on probation or under the supervision of a pharmacist whose license is on probation. We strongly encourage your review of §705 in Chapter 7 of the Board's rules for pharmacy interns.

The Board will accept pre-licensure hours of experience earned in other jurisdictions, but only if such hours were earned in compliance with the rules of the board of pharmacy in that jurisdiction, and only when such hours are certified by that board of pharmacy directly to the Louisiana Board office. We have an alternative version of the *Pharmacist's Affidavit* for use by pharmacies in other states, a blank copy of which can be found on the Board's website. The Louisiana Board will certify hours of experience earned within Louisiana to other states, but only after the applicant has graduated and then upon receipt of a written request and fee for that purpose.

- *Licensure by License Transfer (Reciprocity)*

The Board does not require documentation of pre-licensure hours of experience; however, the requirements for licensure by reciprocity include practice as a pharmacist for at least one year. That practice information shall be documented within the NABP application.

### **Application Notes**

The following information is provided to assist your completion of the application form. Please note the expiration date of the application form and fee identified at the top of the first page.

- *Section 2 - Personal Information*

In the event the name on the birth certificate differs from the current legal name on the application form, the applicant will need to provide copies of the legal documents for every name change in the interim. Examples of acceptable documents include marriage license or other court document detailing the name change. A driver's license or Social Security card is not acceptable for this purpose. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we will accept a copy of a valid passport or naturalization documents. In the event the applicant does not yet have an NABP e-Profile Number, the applicant may obtain that number at [www.nabp.net](http://www.nabp.net).

- *Section 3 – Contact Information*

Due to the continual increases in postage, the Board is relying less on hard copy mail and increasing the use of e-mail communications. An e-mail address is not required but is strongly recommended. We do, however, reserve the right to reject sexually explicit or professionally inappropriate e-mail addresses.

- *Section 5 – Other Pharmacy Credentials*

In the event the applicant has ever received any pharmacy credentials from any other jurisdiction, those should be identified in this section, along with the requested information. Further, the applicant shall contact the board of pharmacy in each jurisdiction to request that board send the Louisiana Board a certification of the credential. That certification shall include the name in which it was issued, the credential number, the date of issue, the date of expiration, and whether the credential has been disciplined. In the event disciplinary action has been taken, the Board will eventually require a copy of the agency decision document.

- *Section 6 – Prior History*

As mentioned above, the Board requires applicants to submit to a criminal history record check. Please read the instructions to this section very carefully, noting especially the information about expunged records. Contrary to any prior legal advice you may have received, the Board of Pharmacy is authorized by the Louisiana Legislature to access and use records that have been expunged by a court order. In the event the information contained in the resulting report differs from the information revealed in the responses to the questions in this section of the application form, the application form will be referred to the Board for its consideration of the application. With respect to prior history, there are no automatic barriers to licensure – every case is considered on its own merits. The failure to provide all relevant information requested provides the Board with sufficient basis to deny an application and refuse to issue a license. Regrettably, the Board has already found it necessary to take such action.

- *Section 7 – Photographic Identification*

Please do not cut photographs from other items such as identification cards. The face, including the eyes, must be visible. This is your application for a professional license. We encourage passport-style photos.

- *Section 9 – Applicant's Affidavit*

This final section of the application must be completed in the presence of a Notary Public who must witness your sworn signature.

- *Application Processing*

We strongly encourage your review of the completed application and required attachments prior to sending the original documents to the Board office. Further, we encourage you to retain at least one copy of the application and attachments prior to placing the original documents with a mail carrier. If it is important to you to know if and when the Board has received your application materials, we strongly encourage your use of mail tracing services such as DHL, FedEx, UPS, or USPS. Due to the volume of applications received on a daily basis, we are unable to prioritize responses to inquiries confirming our receipt of your materials.

The Louisiana Legislature has adopted laws requiring all professional licensing agencies to verify applicant status with certain other agencies.

- We must submit names of all applicants to the Louisiana Office of Student Financial Assistance (LOSFA). In the event that agency informs the Board the applicant is in default of a student loan, we are prohibited from issuing or renewing your license, even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LOSFA. We cannot release your license until LOSFA confirms your compliance with their requirements.
- We must also submit names of all applicants to the Dept. of Social Services (DSS). In the event that agency informs the Board the applicant is in default of court-ordered child support orders, we are prohibited from issuing or renewing your license, even if you have met all of the Board's requirements. In that case, we will inform you and refer you to DSS. We cannot release your license until DSS confirms your compliance with their requirements.

When the licensing assistants have compiled a completed application with all required attachments, the file is referred to an administrative officer for final review, approval, and issuance of the license. However, in the event the administrative officer determines the application warrants consideration by the Board, the office will notify the applicant of the time, date, and place of their meeting with the Board or a committee thereof.

All credentials issued by the Board, as well as applications for same, can be verified at the Board's website. When a license is issued, the database and website status is updated in real time. We no longer require display of a pharmacist license; website verification is sufficient to authorize practice.

Finally, every pharmacist license shall expire at midnight on December 31 of every year, regardless of the date of issue.



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## Application for Louisiana Pharmacist License

**Note:** This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the license is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. Select the method of licensure and note the associated application fee. We accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

### Section 1 – Licensure Method

Examination or Score Transfer [**\$300**]

License Transfer (Reciprocity) [**\$450**]

### Section 2 – Personal Information

Current Legal Name: \_\_\_\_\_  
First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)

List All Other Names (Maiden, Married, etc.): \_\_\_\_\_

Place of Birth (City & State + Country if not USA): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ NABP e-Profile Number: \_\_\_\_\_

**Note:** Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be reflected on annual license renewals.

### Section 3 – Contact Information

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Numbers (with A/C): \_\_\_\_\_  
Home Mobile Home Fax

### Section 4 – Pharmacy Education

Name of College of Pharmacy: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
City & State + Country if not USA

Do you have an FPGEC Certificate?  No  Yes If Yes: EE# \_\_\_\_\_ Date Issued: \_\_\_\_\_

#### **For Board Use Only:**

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

NAPLEX Score: \_\_\_\_\_ Interview Required: Yes No

MPJE Score: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Hours Credited: \_\_\_\_\_ License No.: \_\_\_\_\_

Approved by: \_\_\_\_\_ Issued: \_\_\_\_\_

### Section 5 – Other Pharmacy Credentials

Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

- No [Proceed to Section 6]       Yes [Record information below; attach additional pages as necessary]

State	Type of Credential	Credential No.	Date Issued	Expiration Date	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes

For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted

### Section 6 – Prior History

La. R.S. 37:1216 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. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the license, or if the license has already been issued, then the suspension or revocation of the license.

1.     Yes     No            Have you **ever** been issued any of the following:

  - A citation or summons, *and/or*
  - Has/have warrant(s) been issued against you, *and/or*
  - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
  - Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, *and/or*
  - Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes” and mail certified copies of the decision documents along with your personal letter of explanation.

  - Traffic violations such as speeding or parking tickets do not need to be reported; however,
  - DUI or DWI events must be reported, regardless of final disposition.
2.     Yes     No            Have you had a professional license as a pharmacist or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.
3.     Yes     No            Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*

Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*

Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*

Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.
4.     Yes     No            Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacist?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.
5.     Yes     No            Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

**Section 7 – Photographic Identification**

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

Staple one recent  
passport size (2"x2")  
fade-proof  
photograph  
in this block using the  
guidelines at the left.

Date of Photograph: \_\_\_\_\_

**Section 8 – Required Attachments**

*Please verify the presence of the required attachments:*

- Yes    No   Birth certificate – must be legible copy. If not in English, must be accompanied by certified translation.
- Yes    No   Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- Yes    No   Social Security card – must be legible copy.
- Yes    No   Copies [or website verifications thereof] of other pharmacy credentials identified in Section 5.
- Yes    No   Documents as needed from Section 6.
- Yes    No   Pharmacist's Affidavit(s) of Practical Experience (waived for reciprocity applicants)

**Section 9 – Applicant's Affidavit**

*Note: This section of the application may only be completed in the presence of a Notary Public who must witness your sworn signature.*

I, \_\_\_\_\_, the applicant, being duly sworn, attest to the following:

- I am the person referred to in this application, and the photograph above is a true likeness of me.
- With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.
- I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacist license, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.
- I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board's refusal to issue the license – or if the license has already been issued, then the suspension or revocation of that license.

\_\_\_\_\_  
Witnessed & Sworn Signature of Applicant

Sworn before me, the undersigned notary, this \_\_\_\_\_ day of \_\_\_\_\_ in 20\_\_\_\_\_.

Seal

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Parish or County

\_\_\_\_\_  
Expiration Date of Commission