

Louisiana State Board of Medical Examiners  
 Registration as a Collaborating Physician  
 For Collaborative Drug Therapy Management (CDTM)

Physician Name (Last, First, degree): \_\_\_\_\_

Physician email address \_\_\_\_\_

Louisiana Medical License number: \_\_\_\_\_

Medical specialty/ area of practice \_\_\_\_\_

Requirements (see footnote 1 and 2)

Check One

1.	I possess a current, unrestricted license to practice medicine issued by the board and not be the subject of a pending investigation or complaint by the board or by the medical licensing authority of any other state or jurisdiction	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	I am actively engaged in the clinical practice of medicine and the provision of patient care in the particular field of medicine in which the proposed collaborative drug therapy management is to take place;	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	I have read the Board Rules relating to Collaborative Drug Therapy Management as published on the LSBME web site (La Admin Code Title 46 Part XLV Chapter 174)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	I acknowledge that in signing this application I am certifying as to the truthfulness and authenticity of all information that is provided.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Exclusions (see footnote 3-4)

5.	I am enrolled in a medical residency and/or other post graduate training program (see footnote 3)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	I am employed by or serve as an independent contractor to a pharmacist, pharmacy, or pharmaceutical company, or be a party to any other or similar employment, contractual or financial relationship. (see footnote 4)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	I have had a medical license suspended, revoked, placed on probation or restricted in any manner by the board or by the medical licensing authority of any other state or jurisdiction;	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	I have had an application for medical licensure rejected or denied	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	I have voluntarily surrendered or had suspended, revoked, or restricted his controlled dangerous substances license, permit, or registration (state or federal)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	I have been, or are currently in the process of being denied, terminated, suspended, refused, limited, placed on probation or under other disciplinary action with respect to participation in any private, state, or federal health insurance program	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature of applicant (no stamps): \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes

1. An applicant who has submitted an incomplete application or a "No" answer to questions 1-4 or a "Yes" answer to items 5 - 10 WILL NOT BE considered for temporary approval but may be approved after review by the Board (see footnote 3 and 4 below)
2. An adverse answer to questions 1- 4 (no) or 5 - 10 (yes) must be accompanied by an explanation signed by the physician
3. The Board may, in its discretion, grant an exception to this exclusion on a case-by-case basis for persons who have completed their training in the particular field of medicine in which collaborative drug therapy management is to take place
4. The Board may, in its discretion, grant an exception to this exclusion on a case-by-case basis where it has been shown to its satisfaction that such relationship is structured so as to prohibit interference or intrusion into the physician's relationship with patients, the exercise of independent medical judgment and satisfaction of the obligations and responsibilities imposed by law or the board's rules on the physician;
5. Registration must be renewed annually at the time of your license renewal.

**BELOW IS FOR LSBME USE ONLY**

This document serves as official notification that you have been granted temporary approval as a Collaborating Physician for Collaborative Drug Therapy Management pending final review and approval by the Board at its next regularly scheduled meeting. You will be notified of the Board's decision at that time and if approved will be sent an official certificate.

\_\_\_\_\_  
 LSBME Executive Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 permit number