

[Print](#)**Fees**

Automated Medication System Registration Fee	\$150.00
Fees:	Total \$150.00

AMS_New_AccountCheck

1. Are you attempting to renew an AMS and/or CDS-AMS registration previously issued by the Board?

No

2. This application CANNOT be submitted under the provider pharmacy account. Have you logged into the account for a pharmacy permit or established a new pharmacy account to complete this application?

No

3. To complete an application for an AMS and/or CDS-AMS, the pharmacy PIC should have registered an account under the name and physical address of the facility where the AMS will be located. Are you completing this application in an online account that the PIC has established for the facility housing the AMS?

Yes

4. Are you the PIC of the provider pharmacy?

Yes

AMS_New_Intro

This application should only be completed by the pharmacist-in-charge.

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 registration is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited.

The fee for the AMS registration is \$150; you must pay your invoice at the end of the application. If the invoice is not paid, the application will not be submitted.

AMS_New_Reason

5. Select the reason for this application from the options below.

Registration of New System

6. If a relocation or transfer of ownership, enter current AMS registration number.

EXAMPLE ONLY

AMS_New_ProviderPharmacy**7. Enter the name of the provider pharmacy.**

EXAMPLE ONLY

8. Enter the permit number of the provider pharmacy.

EXAMPLE ONLY

9. Enter the name of the pharmacist-in-charge for the provider pharmacy.

EXAMPLE ONLY

10. Enter the Louisiana license number of the pharmacist-in-charge.

EXAMPLE ONLY

AMS_New_HostingFacility**11. Enter the name of the facility or location which will be hosting the AMS.**

EXAMPLE ONLY

12. Enter the full address including city, state, and zip which will be hosting the AMS.

EXAMPLE ONLY

13. Enter the phone number of the facility which will be hosting the AMS.

EXAMPLE ONLY

14. Enter the email address of the facility which will be hosting the AMS.

exampleonly@pharmacy.la.gov

15. If facility is licensed by La. Dept. of Health, please enter LDH License No.

EXAMPLE ONLY

16. If facility is licensed by La. Dept. of Health, please upload a copy of the LDH License.[PDF TEST.pdf](#)**17. If facility holds a CDS license, please enter the CDS license number.**

EXAMPLE ONLY

18. If facility is a detention or correctional facility, please identify the state or local governmental entity which owns or operates the facility.

EXAMPLE ONLY

19. If neither of the last three questions above are applicable, please describe the healthcare setting where the automated medication system is intended to be placed and operated.

EXAMPLE ONLY

AMS_New_SystemInformation

20. Enter the manufacturer of the AMS.

EXAMPLE ONLY

21. Enter the model of the AMS.

EXAMPLE ONLY

22. A remote dispensing system is defined in the Board's rules as a profile-driven automated medication dispensing system employing bidirectional audio-visual technology to facilitate pharmacist communication with a patient or caregiver. [LAC 46:LIII.1201]

Is the AMS a remote dispensing system as defined by the Board in Chapter 12 of its rules?

No

AMS_New_Attest

23. As a component of your electronic signature, please enter today's date in the text box below.

03/13/2023

24. I am the Pharmacist-in-Charge identified in Section 2 of this application. I understand and agree that I am responsible for compliance with the requirements for automated medication systems found in Chapter 12 of the Board's rules.

The use of this electronic application form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application form, and I agree to conduct business by electronic means. I agree that my use of an electronic signature to sign the application form legally binds me in the same manner as if I had manually

signed the form. I verify that I have read, printed, and/or saved the application form and that I do not need a copy to be mailed to me.

Place your name below as your electronic signature.

EXAMPLE ONLY

AMS_New_FinalInstructions

Next you will have the opportunity to review your application prior to submitting. Please assure all changes are made at that time and print your application for your records.

After the application closes, you may click on the pay invoice selection. Once the invoice is paid, your application will submit to Board staff for processing.

You will receive an email advising of the status of your application throughout the processing and a final email when the credential is issued.