

<b>Fees</b>
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New License Fee	\$30.00
	<b>Total</b>
<b>Fees:</b>	<b>\$30.00</b>

<b>OnlineConvenienceFees</b>
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### Online Convenience Fees - EFFECTIVE JULY 5, 2023:

Like so many businesses today that are significantly impacted by the costs of credit card processing fees, the Board had to implement a convenience fee schedule for online services. Convenience fees will be added at checkout as follows:

**ACH payments (electronic bank transfer) & similar types: a flat \$2.00 fee for each payment**

**Credit Card payments & similar types: \$2.00 transaction fee, plus 2.5 % of total charge.**

**The option of submitting your application through the mail or in person with a check or money order at no additional cost is still available as an alternative to using the online services.**

<b>CDS-DET.Intro</b>
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**This application is intended for Drug Detection Canine Handlers & Trainers within Louisiana wishing to obtain a Louisiana Controlled Dangerous Substance License. You are strongly encouraged to review the application checklist prior to starting the application process. You may do so at [www.pharmacy.la.gov/page/application-process-transparency](http://www.pharmacy.la.gov/page/application-process-transparency).**

**Drug Detection Canine Trainer—an individual qualified to conduct experiments using controlled substances in training canines to detect the presence of contraband controlled dangerous substances.**

**Drug Detection Canine Handler—an individual qualified to handle canines in the detection of contraband controlled substances.**

**Every person who conducts research with, manufactures, distributes, procures, possesses, prescribes, or dispenses any controlled dangerous substance within this state, including third-party logistics providers, or who proposes to engage in the research, manufacture, distribution, procurement, possession, prescribing, or dispensing of any controlled dangerous substance within this state shall obtain a controlled dangerous substance (CDS) license from the board prior to engaging in such activities. Only persons actually engaged in such activities are required to obtain a CDS license; related or affiliated persons, e.g., stockholder in**

**manufacturing corporation, who are not engaged in such activities, are not required to be licensed. The performance of such activities in the absence of a valid CDS license shall be a violation of R.S. 40:973.**

<b>CDS-DET.Fee</b>
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**Applications for initial licensure, and renewal thereof, requires a non-refundable fee of \$30.00. There is no prorated application fee and the subsequent withdrawal of an application does not qualify for a return of an application fee. Please assure your invoice is paid at the conclusion of this application.**

<b>CDS-DET.LicenseeInformation</b>
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**1. Please enter your full legal name including first, middle, last, and suffix (Jr., Sr., III, V, etc.).**

Application Preview

**2. Please enter your social security number.**

111-11-1111

**3. Please upload a legible copy of your social security card.**

**The Louisiana Board of Pharmacy will not issue any license, permit, or certificate without a social security card.**

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**4. Please enter your date of birth.**

01/01/1900

**5. Please provide a physical location including street address, city, state, and zip as your practice address. We cannot accept post office boxes for practice locations.**

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**6. Enter the mailing address at which you would like to receive mail from the Louisiana Board of Pharmacy. Please note that mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes, etc.**

Application Preview 3388 Brentwood Drive Baton Rouge, LA 70809

**7. Please enter a personal telephone number which can be used to contact you.**

(225) 923-5660

**8. We intend to increase our use of email for most types of communications. Please enter a valid email address.**

licensing@pharmacy.la.gov

**CDS-DET.Schedules**

**For each schedule listed please select yes or no.**

**9. Schedule I**

Yes

**10. Schedule II (Includes II-N):**

Yes

**11. Schedule II-N (Non-narcotic):**

Yes

**12. Schedule III (Includes III-N):**

Yes

**13. Schedule III-N (Non-narcotic):**

Yes

**14. Schedule IV:**

Yes

**15. Schedule V:**

Yes

**CDS-DET.Policies**

**16. The issuance of a CDS license to a drug detection canine trainer or handler, and the renewal thereof, requires the attachment to the application of a description of the policies and procedures for the use of controlled substances. You may upload this document now.**

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**CDS-DET.Background**

**Criminal Background Checks (CBC):**

**The Louisiana Legislature (La. R.S. 37:1216) requires the Board to conduct a criminal background check (CBC) on applicants for all credentials. This requirement is waived for researchers that have previously completed a CBC through this agency.**

**Upon receipt of your properly completed application, licensing staff will determine if you are required to complete a CBC and provide you with the information needed for such. This information is forwarded to the email address on file for the applicant.**

**The board is not permitted to accept criminal history reports prepared by applicants, nor can we accept criminal history reports generated by or for another agency.**

**17. Have you EVER been convicted of a felony in connection with controlled substances under any state or federal law?**

Yes

**18. Have you EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?**

Yes

**19. Have you EVER had any professional license disciplined by any licensing agency for any reason related to controlled substances?**

Yes

**20. An affirmative reply to any of the previous three (3) questions requires two (2) attachments: your personal letter of explanation, as well as certified copies of documents from relevant court or government agency. Please upload those documents now, if applicable.**

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CDS-DET.Attest
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**21. I hereby make application for a license to procure, possess, and/or prescribe controlled substances, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. I understand the additional authority to dispense controlled substances shall require compliance with the relevant rules from the primary professional licensing agency.**

Yes

**22. The use of this electronic application or form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application or 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.**

Yes

**23. As a component of your electronic signature, please type your name in the text box below.**

Application Preview

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

02/01/2024

**The next screen will offer you the opportunity to review all of your data entries and revise them if necessary. When you complete the review process you will have the option of printing your online application form should you wish to do so.**

**Your final step will be to generate and pay the invoice. Your application will not be submitted until your invoice is paid.**

**You will receive emails from the Board updating you on the status of you application as needed after submission. All items are reviewed within 14 business days of receipt.**