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This application is used for multiple credentials.

The fee amount displayed and due will depend on the credential type selected within the online portal.

Fees

New License Fee	\$50.00
Fees:	Total \$50.00

CDS.Facility.New.Sec1.EligibilityCheck

1. Does this facility currently hold this license type and is that license in renewal?

No

2. Has this facility ever been issued this credential type, under the same ownership, and is that credential now expired, closed, or relinquished?

No

3. Applications for new facility credentials cannot be submitted using an existing facility account or using the account of a person. Did you register a new facility account to submit this application for a new credential?

Yes

CDS.Facility.New.Sec2.Intro

If you are an LDH licensed facility, this application is to be completed by the physician medical director. In the absence of an LDH license and physician medical director, the Owner's Managing Officer must complete the application.

The application is intended for use of facilities with lawful authority to manufacture, distribute, procure, or possess controlled substances for their clients or patients. We encourage you to read this information carefully before entering information on the application form.

For those facilities electing to maintain their controlled substances at one address (including multiple locations at that address), only one CDS license is required. However, in the event a facility elects to maintain controlled substances at more than one physical address, then a separate CDS license shall be required for each such location.

The address noted on each license shall reflect the Louisiana-based physical location, or practice address. We cannot accept post office boxes for practice locations, but they are acceptable for mailing addresses. We will direct the initial license and all subsequent communications to the practice address, unless you elect to provide a separate mailing address. We encourage you to provide telephone, facsimile and email information, to facilitate timely communications with you or your office.

Please note the required uploads. All applicants using this form must upload a legible copy of a W-9 form as well as their primary operating permit; in the event your application for that permit is still pending, please indicate that status with an uploaded statement. Finally, any applicant with an affirmative reply to any of the prior history questions must include the requested documents.

CDS.Facility.New.Sec3.Ownership

4. Enter the Name of Legal Entity Owning Facility:

Example Only

5. Enter the US Internal Revenue Federal Employer Identification Number (FEIN) for the applicant below.

Note: Later in the application, you will be required to upload one of the following documents: the US Internal Revenue Service Assignment of Federal Employer Identification Number, or in the alternative, a signed copy of the W-9 form dated within 90 days prior to your application date. All W-9 forms must be the current version.

Example ONLY

6. Upload either a copy of the IRS assignment letter or a signed W-9.

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7. Upload a document that will identify and account for 100% of the ownership of the legal entity identified above. The information uploaded is referred to as the indirect ownership. A simple list providing the details requested works best. If any other documents are required in regards to indirect ownership, attach them following your list.

For each person so identified, please attach documentation of the following: (1) full legal name, (2) date of birth, (3) Social Security Number, (4) mailing address, (5) telephone number, and (6) percentage of ownership or fraction thereof. Further, in the event any owner holds, or has ever held, a professional license or other credential issued by any state government agency, please provide a legible copy of the credential or website verification thereof and indicate whether or not the credential has ever been sanctioned or disciplined by any state licensing agency, or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any sanction or discipline, or if an application for such a credential has ever been denied in any jurisdiction, please provide a copy of the board, agency, or court decision document.

For each organization so identified, please attach documentation of the following: (1) full legal name, (2) Federal Employer Identification Number, (3) mailing address, (4) telephone number, (5) percentage of ownership or

fraction thereof, and (6) an accounting for 100% of the ownership of the organization.

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CDS.Facility.New.Sec4.FacilityInfo

8. Enter the Name of Facility (d/b/a):

Example Only

9. Enter the physical address of the applicant.

Example Only

10. 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.

Example Only

11. Please enter the telephone number for the facility:

(000) 000-0000

12. Please enter the facsimile number for the facility.

(000) 000-0000

13. Email is our primary means of communication with applicants. Please provide a secure email address that you check routinely.

licensing@pharmacy.la.gov

CDS.Facility.New.Sec5.LegalAuthority

14. Select the primary licensing agency for this facility:

Dept of Health

15. Enter the facility's license number as issued by the Louisiana agency with primary licensing authority (Louisiana Department of Health, Louisiana Board of Drug and Device Distributors).

00000

16. Enter the expiration date of the primary license.

03/10/2023

17. Please upload a copy of the license issued by your Louisiana primary licensing agency. If your LDH license is pending, you may upload verification of such.

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CDS.Facility.New.Sec6.Schedules
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For each schedule listed please select yes or no.

18. Schedule I

No

19. Schedule II (Includes II-N):

No

20. Schedule II-N (Non-narcotic):

No

21. Schedule III (Includes III-N):

No

22. Schedule III-N (Non-narcotic):

No

23. Schedule IV:

No

24. Schedule V:

No

CDS.Facility.New.Sec7.PriorAction
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25. With respect to the legal entity identified as the direct owner, has any stockholder, partner, or officer: EVER been convicted of a felony in connection with controlled substances under any state or federal law?

No

26. With respect to the legal entity identified as the direct owner, has any stockholder, partner, or officer: EVER had any professional license denied or disciplined by any licensing agency for any reason related to controlled substances?

No

27. With respect to the legal entity identified as the direct owner, has any stockholder, partner, or officer: EVER surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

No

28. An affirmative reply to any of the questions in this Section requires two attachments: (a) a personal letter of explanation, and (b) copies of documents from the relevant court or government agency. Please upload those now.

CDS.Facility.New.Sec8.Attest

29. On behalf of the legal entity and facility identified above, I hereby make application for a license to manufacture, distribute, procure, and/or possess any controlled substances designated in the schedules identified above, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.

I affirm that all of the information in this application and all of the required attachments is true and correct, and further, that the submission of a fraudulent application may result in the Board's denial of the application and refusal to issue the license, or if the license has already been issued, the suspension or revocation of the license.

I understand this application shall expire one year after its receipt in the Board office and that any fees attached thereto shall be forfeited at that time.

I understand that any CDS license issued pursuant to this application shall expire annually upon the anniversary of its initial issuance unless renewed prior.

I understand this Louisiana CDS license is necessary to qualify for the federal registration issued by the United States Drug Enforcement Administration (DEA), and further, that the renewal of the Louisiana CDS license will require a current DEA registration.

I consent to the initial and periodic inspection of the facility by the Board, its agent, or designee, for the purpose of assessing compliance with requirements relative to the storage, handling, distribution, and recordkeeping of controlled substances.

Yes

30. 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

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

Example Only

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

03/10/2023

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. At this time, our only online payment option is a credit card (American Express, Discover, MasterCard, and VISA). Your application will not be submitted until your invoice is paid.

Please note the Louisiana Board of pharmacy does not mail paper applications. You can verify the status of your license by visiting our website, www.pharmacy.la.gov, and clicking "Verify".