

Print

Fees

New License Fee	\$20.00
PMP Fee	\$25.00
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Fees:	Total \$45.00

OnlineConvenienceFees

Online Convenience Fees - EFFECTIVE JULY 1, 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.

CDS.PI.RenewalCheck

1. Are you attempting to renew or reinstate a Controlled Dangerous Substance License or do you hold a Controlled Dangerous Substance License that is Active-in-Renewal, Relinquished, or Expired?

No

CDS.PI.Intro

We encourage you to read all information carefully before entering information on the application form. Application fees are non-refundable.

Do I Need More Than One CDS License?

For those practitioners electing to only prescribe controlled substances, only one CDS license is required. In the event a practitioner elects to also procure and possess controlled substances in only one practice site location, then the first CDS license is sufficient. However, in the event a practitioner elects to procure and possess controlled substances in more than one location, then a separate CDS license (and DEA registration) shall be required for each such location in Louisiana.

Practice & Mailing Addresses

The address noted on each license shall reflect a physical location, or practice address. We cannot accept post office boxes for practice locations, but they are acceptable for mailing addresses. We encourage you to provide an email, telephone, and facsimile.

Required Attachments

Please note the required attachments. All applicants submitting this application must include a legible copy of their Social Security card. In addition, APRNs and ODs must include a legible copy of their Limited Prescriptive and Distributive Authority for Controlled Substance letter from their professional licensing agency. Finally, any applicant with an affirmative reply to any of the prior history questions must include the requested documents. Do not submit this application until you have uploaded all required documents.

Fees & Expiration Date of Application

Please make sure you pay the invoice for the application fee at the conclusion of your application. Application fees are non-refundable. This application shall expire one year after the date of its receipt in the Board office; any attached fees shall be forfeited at that time.

Obtaining DEA Registration

Once you receive your Louisiana CDS license, you may then apply for your federal registration from the United States Drug Enforcement Administration (DEA). You may accomplish that process at the DEA website, at www.drugdiversion.usdoj.gov. Questions about your federal registration should be directed to that agency; the telephone number at their New Orleans district office is 504.840.1100.

CDS.PI.PractitionerInformation

2. Please enter your full legal name including first, middle, last, and suffix (Jr., Sr., III, V, etc.).

Application Preview

3. Please enter your social security number.

000-00-0000

4. Please upload a legible copy of your social security card.

[PDF TEST.pdf](#)

5. Please enter your date of birth.

01/01/1900

6. 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.

123 Application Preview Street Baton Rouge, La 70809

7. 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.

456 Application Preview Street Baton Rouge, La 70809

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

(000) 000-0000

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

licensing@pharmacy.la.gov

10. Please enter the number of your Louisiana professional license exactly as it was issued by your primary Board.

00000

11. Please enter the expiration date of your current Louisiana professional license.

01/01/1900

CDS.PI.Schedules

For each schedule listed please select yes or no.

12. Schedule I

No

13. Schedule II (Includes II-N):

No

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

No

15. Schedule III (Includes III-N):

Yes

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

Yes

17. Schedule IV:

Yes

18. Schedule V:

Yes

19. APN and OD applicants must provide a copy of their Prescriptive Authority Letter from your Louisiana primary licensing board. Please upload that documents now.

[PDF TEST.pdf](#)

CDS.PI.PriorHistory

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

No

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

No

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

Yes

23. 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.

[PDF TEST.pdf](#)

CDS.PI.Attest

24. 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

25. 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

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

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

01/01/1900