

[Print](#)

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	\$20.00
<b>Fees:</b>	<b>Total \$20.00</b>

**CDS.SelectedPerson.New.Intro****1. Are you attempting to renew a license that is Active in Renewal?**

No

**2. Are you attempting to reinstate a license that is expired, relinquished, inactive, or suspended?**

No

**This is an application for a new Louisiana Controlled Substance License and should not be used as a renewal form. You may click "Create / Resume a Renewal" to access your license that is in renewal status. The application is intended for use by certain persons or organizations with lawful authority to manufacture, distribute, procure, possess, or conduct research with or chemical analysis of controlled substances.**

**For those persons or organizations 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 an applicant 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.**

**The following applications will require an inspection prior to the issuance a CDS license. You will be notified when the application is complete and provided directions for contacting the Compliance Officer to schedule the inspection at a mutually agreeable time.**

**CDS-DET**

**CDS-ETC / ETL**

**CDS-LAB / LAX**

**CDS-RES**

**CDS-HTG**

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](http://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.

<b>CDS.SelectedPerson.New.Identification</b>
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**3. Enter the name of person or organization.**

EXAMPLE ONLY

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

000-00-0000

**5. Enter the legal entity owning facility.**

EXAMPLE ONLY

**6. 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

**7. Upload either a copy of the IRS assignment letter or a signed W-9.**[PDF TEST.pdf](#)**8. A Louisiana practice address is required to hold a CDS license. Please enter the practice address.**

EXAMPLE ONLY

**9. 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

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

(000) 000-0000

**11. Enter the company fax number.**

0000000000

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

exampleonly@pharmacy.la.gov

CDS.SelectedPerson.New.Authority
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**13. If applicable, please identify which Louisiana agency issued the primary operating license/permit.**

EXAMPLE ONLY

**14. If applicable, enter the operating license number or personal credential number issued by the primary agency.**

EXAMPLE ONLY

**15. If applicable, enter the expiration date of the operating license number or personal credential.**

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**16. If applicable, upload a copy of the license issued by the primary licensing agency.**

[PDF TEST.pdf](#)

**17. If you are applying for or renewing a CDS-RES please review the following information and upload the required documents. All other licensees may move forward without reviewing this information.**

**Researchers must provide proof of legitimate research involving controlled dangerous substances. Acceptable documents would include:**

**Documentation from the study sponsor authorizing or requesting the study which details the controlled substance used.**

**Verification from your employer university of current research and the need for controlled substance for the research. This must come from the department chair and be on university letterhead.**

**When the research involves human subjects, the researcher must provide the IRB approval documentation which clearly delineates the drugs used.**

**Wildlife and Fisheries employees may upload verification from the employer verifying the need for controlled substance authority.**

**You may upload these documents below.**

**In the case that you do not have any of these documents to verify your legitimate research, please email [licensing@pharmacy.la.gov](mailto:licensing@pharmacy.la.gov) to seek approval prior to submitting this application.**

[PDF TEST.pdf](#)

<b>CDS.New.Schedules</b>
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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

<b>CDS.SelectedPerson.New.History</b>
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**With respect to the person or legal entity identified as the applicant, has the applicant or any stockholder, partner, or officer of the entity:**

**25. On behalf of the person or organization identified above, I hereby request the renewal of my/our CDS license, which reflects my/our authority to manufacture, distribute, procure, possess and/or conduct research with controlled substances, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.**

No

**26. Had any professional license disciplined by any licensing agency for any reason related to controlled substances?**

No

**27. 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 these questions requires two uploads: your personal letter of explanation, as well as certified copies of documents from the relevant court or government agency.**

CDS.SelectedPerson.New.Attest

**29. On behalf of the person or organization identified above, I hereby request the renewal of my/our CDS license, which reflects my/our authority to manufacture, distribute, procure, possess and/or conduct research with controlled substances, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.**

Yes

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

EXAMPLE ONLY

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

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**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](http://www.pharmacy.la.gov), and clicking "Verify".**