

Fees

PHY - New Permit Application	\$500.00
PHY Application PMP Fee	\$25.00
	Total
Fees:	\$525.00

PHY_New_Sect01_Overview

If you are attempting to renew or reinstate your Louisiana pharmacy permit exit this application and select the appropriate link. Refunds will not be issued for this application.

This application may only be completed by the Louisiana Pharmacist-in-Charge. The Pharmacist-in-Charge (PIC) of a Louisiana pharmacy permit shall possess an active Louisiana pharmacist license as well as an unrestricted Louisiana PIC privilege.

This application should only be submitted under the account registered for this pharmacy. Do not submit this application under a personal account. Do not submit this application under the account for another pharmacy.

Chapter 11 of the Board’s rules specifies the minimum requirements for pharmacies and prescription departments. Section 1131 of that Chapter identifies requirements relative to the opening of a new pharmacy. All of our laws and rules may be accessed on our website.

Please do not use entries such as “See attached”; an appropriate entry shall be made for each question.

In the event your pharmacy intends to procure, possess, compound, distribute, dispense, and/or hold for administration any controlled dangerous substances, a Louisiana Controlled Dangerous Substance (CDS) License is required for that activity.

In the event your pharmacy intends to compound non-sterile or sterile preparations, the Louisiana Board requires compliance with the current federal standards for compounding identified in the United States Pharmacopeia – <795> for non-sterile preparations and <797> for sterile preparations.

Please thoroughly review the Application Transparency page for this credential type, by visiting <https://www.pharmacy.la.gov/page/application-process-transparency>. We recommend that you have all required attachments prepared, in pdf format, prior to starting this application.

PHY_New_Sect02_PermitReason

1. Please select the reason for the permit.

New Permit

2. Ownership Transfer; enter the number of the existing permit.

Question not answered

3. Enter the date of the anticipated opening if approved.

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4. Nuclear Pharmacies Only:

Applicant shall upload a legible copy of the Radioactive Materials (RAM) license issued by the La. Dept. of Environmental Quality, identifying the qualified nuclear pharmacists for that site.

5. Charitable Pharmacies Only:

Applicant shall upload a legible copy of the IRS letter granting the applicant the appropriate tax-exempt status.

6. Telepharmacy Dispensing Site Only:

Applicant shall upload a document to identify the central pharmacy, its permit number, and its pharmacist-in-charge.

7. Hospital Pharmacies:

The applicant should upload the Louisiana Department of Health licensed issued to the hospital.

PHY_New_Sect03_PharmacyOwnership

8. All applications for new Louisiana pharmacy permit require the submission of Form 53-O, Pharmacy Ownership Disclosure Form. You may obtain this form by visiting <https://www.pharmacy.la.gov/page/forms-pharmacies>. You may copy any section of the form as many times as needed to report 100% of ownership at the direct and first indirect level as required. This form must be uploaded with ALL required attachments following.

[053-O - Pharmacy Ownership Disclosure - Pharmacies - Form ~ 2024.0311.pdf](#)

9. Ownership Transfers Only:

By the attached upload, the owner of the existing pharmacy permit shall confirm the pending sale to the applicant as well as the anticipated transfer date. The new owner shall confirm the sale with a copy of the Bill of Sale or similar legal document.

PHY_New_Sect04_ApplicationContact

Below you will identify the Applicant's Designated Contact Person. This person will be the primary contact during the application process.

10. Enter the name of the designated contact person for the application.

John Doe

11. Please enter the full mailing address, including city, state, and zip of the designated contact person.

3388 Brentwood Drive Baton Rouge, LA 70809

12. Enter the telephone number of the designated contact person.

(225) 923-5660

13. Enter the email address of the designated contact person. This email address will be used for all communications during the application process. After issuance, the email address you later provide for the pharmacy will be used. You may use the same email in both entries.

licensing@pharmacy.la.gov

PHY_New_Sect05_PharmacyInformation

The questions below are in regards to the pharmacy.

14. Enter the trade name (d/b/a) of the pharmacy.

123 Pharm

15. Enter the physical address of the pharmacy. As a reminder, the Board cannot permit more than one pharmacy at the same physical address. If your pharmacy shares the same physical address as another permitted pharmacy, the separate spaces must be identified by a floor or suite number.

3388 Brentwood Drive Baton Rouge, LA 70809

16. Please provide the mailing address of the pharmacy.

PO Box 987654321 Baton Rouge, LA 70809

17. Enter the telephone number of the pharmacy.

(225) 923-5660

18. Enter the fax number for the pharmacy.

(225) 923-5660

19. Enter the email address for the pharmacy. This email address will be used for official communications. Further, this email address will be the email address associated with the pharmacies online portal account.

licensing@pharmacy.la.gov

PHY_New_Sect06_SpecialServices

20. Has this pharmacy already dispensed any prescription medications or devices to Louisiana residents?

No

21. If this application has not indicated that the permit is due to an ownership transfer, but has answered affirmative above please upload a detailed accounting for such prescriptions (transaction register is acceptable).

Any pharmacy located in Louisiana that indicates they will provide compounded sterile preparations to patients, in or out of state, will be issued a separate credential (CSP-PHY: Compounded Sterile Preparations Pharmacy). The CSP-PHY authorizes the pharmacy to provide these specific services. The CSP-PHY will require renewal each year between November 1 and December 31, with a renewal fee of \$300.00 in addition to the renewal of your pharmacy permit.

22. Will this pharmacy perform any non-sterile compounding services for Louisiana residents?

No

23. Will this pharmacy perform any non-sterile compounding services to residents in other states?

No

24. Will this pharmacy perform any sterile compounding services for Louisiana residents?

No

25. Will this pharmacy utilize an Automated Medication System (AMS)?

No

26. Will this pharmacy dispense or distribute any prescription medical devices?

No

27. Will this pharmacy dispense or distribute any medical gases?

No

PHY_New_Sect07_PIC

This section of the application is in regards to the Pharmacist in Charge (PIC). Each pharmacy shall designate a Pharmacist in Charge (PIC). No person may accept an appointment as the PIC of a Louisiana pharmacy permit until the Board has received his properly executed Affidavit of Acknowledgment and Acceptance of Responsibility of Pharmacist-in-Charge, a blank copy of which is accessible on the Board’s website.

28. The President, Secretary, or Chief Executive Officer shall execute a corporate resolution specifying the authority for the Pharmacist-in-Charge to execute this application for the initial issuance of the pharmacy permit as well as all subsequent applications for the renewal or reinstatement of the pharmacy permit. Please upload a copy of that resolution here.

[CorporateResolutionExample_2024.04.pdf](#)

29. Enter the full name of the PIC here.

John Doe

30. Enter the Louisiana pharmacist license number for the PIC.

PST.123456

31. Enter the mailing address for the PIC. Include City, state, and zip code.

PO Box 987654321 Baton Rouge, LA 70809

32. Enter the telephone number for the PIC.

(225) 923-5660

33. Enter the email address for the PIC. This email address may be used for official communications.

licensing@pharmacy.la.gov

34. Do you currently serve as the PIC of any other Louisiana pharmacy permit? If so, provide the permit number below. If not, place NA in the space below.

N/A

35. Have you ever been issued any of the following:

A citation or summons, and/or

Has/have warrant(s) been issued against you, and/or

Have you been arrested, charged, arraigned, indicted, convicted, and/or

Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, and/or

Been sentenced or pardoned, for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even if an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes".

Traffic violations such as speeding or parking tickets do not need to be reported; however, DUI or DWI events must be reported, regardless of final disposition.

Note: An affirmative answer will require that you upload certified copies of the final disposition along with your personal letter of explanation later in the application.

No

36. Have you ever been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

No

37. Have you ever had a professional license denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, and/or

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as certified copies of all related documents from the agency.

No

38. Have you ever been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? and/or

Has a medical review panel opinion been rendered relating to your practice of pharmacy? and/or

Have you been reported to the National Practitioner Data Bank (NPDB)? and/or

Have your clinical privileges been limited, restricted, suspended, or revoked?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

No

39. Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

No

40. If you answered "yes" to any of the questions regarding prior history (arrests, summons, warrants, licensing actions, civil/malpractice, medical panel review, medical, physical, mental, emotional, psychiatric conditions, mood-altering substances, etc.) you must now upload your personal letter of explanation and other documents. As a reminder, certified copies are required for prior legal or disciplinary actions. Copies of any and all treatment records and discharge summaries, as well as written statement(s) from the treating physician(s) addressing current ability to safely practice pharmacy are required for "yes" answers to medical questions.

PHY_New_Sect08_Attestations

The following attestations and required signature should be completed by the PIC.

By their signature below, the Pharmacist-in-Charge (PIC) attests their knowledge and agreement with the following statements: I understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents unless the pharmacy is issued a permit by the Board.

I understand and agree that no permit to operate a pharmacy shall be granted or renewed unless evidence satisfactory to the Board ensures that a pharmacist will be on duty during normal business hours.

I understand and agree that the applicant may be required to personally appear before the Board prior to any decision on the permit application.

I understand and agree that no person shall carry on, conduct, or transact business under a name which contains a part thereof the words "pharmacist", "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drugstore", "druggist", "drugs", or any word or words of similar or like import, or in any manner by advertisement, circular, poster, sign, or otherwise describe or refer to a place of business by the terms of "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "drugs", or any word or words of similar or like import, unless the place of business is validly permitted by the Board.

I understand and agree a prescription issued solely on the results of answers to an electronic questionnaire, in the absence of a documented patient evaluation including a physical examination by the prescriber, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription, and further, that a pharmacist who dispenses prescription drugs in violation of Section 2515 of the Board's rules is not acting in the best interest of the patient and is dispensing outside the course of the professional practice of pharmacy.

41. 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

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

John Doe

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

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PHY_New_Sect09_Review

The next screen will offer you the opportunity to review all of your data entries and revise them if needed. Please check to assure all uploads are complete.

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).

Thank you for completing your application online. Should we find any deficiencies in this application, you will receive an email. When we issue the credential, the website verification module is automatically updated. You will also receive an email from licensing@pharmacy.la.gov advising that your credential has been issued. Our office does not mail paper credentials.