

<b>Fees</b>
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PHY - New Permit Application	\$500.00
PHY Application PMP Fee	\$25.00
	<b>Total</b>
<b>Fees:</b>	<b>\$525.00</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>New_PHY-NR_Sec01_Introduction</b>
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**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.**

**Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments, and Chapter 23 identifies the additional requirements for nonresident or out-of-state pharmacies. All of our laws and rules may be accessed on our website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov).**

**Please do not use entries such as "See attached"; an appropriate entry shall be made in each section.**

**We encourage you to review your application and uploads prior to submission to the Board. Our experience shows the most common reason for delay of processing an application is for incomplete documents.**

**The application shall be submitted to the Board office, at least thirty (30) days prior to the anticipated opening date of the new pharmacy or the ownership transfer.**

**Your application and fee will be valid for up to one year after the date of its receipt at the Board office. If the permit has not been issued by that date, the application shall be voided and all fees attached thereto shall be forfeited.**

#### **New\_PHY-NR\_Sec02\_UploadRequirements**

**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.**

#### **New\_PHY-NR\_Sec03\_Reason**

**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.**

04/05/2024

#### **New\_PHY-NR\_Sec04\_PharmacyOwnership**

**4. 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](#)

**5. 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.**

#### **New\_PHY-NR\_Sec05\_DesignatedContact**

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

**6. Enter the name of the designated contact person for the application.**

John Doe

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

PO Box 987654321 Baton Rouge, LA 70809

**8. Enter the telephone number of the designated contact person.**

(225) 923-5660

**9. 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

New_PHY-NR_Sec06_PharmacyInformation
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**The questions below are in regards to the pharmacy.**

**10. Please indicate the type pharmacy below that best describes your pharmacy, if applicable. If none apply, you may move forward without selecting an option.**

Nuclear Pharmacy, Compounding Pharmacy, Correctional Center Pharmacy

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

123 Out of State Pharmacy

**12. 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 Houston, TX 77339

**13. Please provide the mailing address of the pharmacy.**

PO Box 987654321 Baton Rouge, LA 70809

**14. Enter the telephone number of the pharmacy.**

(281) 111-1111

**15. Enter the fax number for the pharmacy.**

(281) 222-2222

**16. 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

**17. Enter the toll free telephone number for the pharmacy.**

(800) 800-0000

**18. Enter the number of the resident pharmacy permit number as it is issued by the licensing agency in your state.**

ABC.123

**19. Enter the current expiration date of the resident pharmacy permit issued by the licensing agency in your state.**

12/31/2024

**20. Please upload verification of the pharmacies resident permit status. This should include pharmacy name, address, permit number, permit status, issuance date, expiration date, and if the pharmacy has ever been disciplined. Website verifications are accepted if they include all data elements.**

[PDF TEST.pdf](#)

**21. Has this pharmacy ever been the subject of any sanction or disciplinary action by any other state licensing agency, or by any other local, state, or federal government agency, or by any local, state, or federal law enforcement agency, or by any other local, state, or federal court?**

No

**22. If you provided an affirmative answer to the last question, please upload all documents related to the prior action(s) at this time. This should include any Board orders or court documents as well as a letter of explanation explaining the events that occurred.**

**23. Enter the federal DEA for the pharmacy.**

123456789

**24. Enter the expiration date of the federal DEA number.**

04/30/2024

**25. Enter the NPI number issued to the pharmacy.**

123456789

**26. Enter the NABP eProfile number issued to the pharmacy.**

12345

**27. Enter the Medicare Provider number issued to the pharmacy.**

Question not answered

**28. Enter the pharmacy's Louisiana Medicaid Provider Number.**

Question not answered

**29. Enter the last date of inspection for the pharmacy. The last inspection must be dated within the 24 months prior to this application.**

10/14/2023

**30. Upload a copy of the last inspection for the pharmacy. The inspection must be dated within 24 months prior to this application.**

[PDF TEST.pdf](#)

New_PHY-NR_Sec07_SpecialServices
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**31. Has this pharmacy already dispensed any prescription medications or devices to Louisiana residents?**

Yes

**32. 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).**

[PDF TEST.pdf](#)

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

Yes

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

Yes

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

Yes

**36. Will this pharmacy perform any sterile compounding services to residents in other states?**

Yes

**37. If you have indicated that the pharmacy will provide compounding services to Louisiana residents, upload evidence of compliance with current federal standards**

as described in the United States Pharmacopoeia (USP).

Louisiana Board of Pharmacy requires compliance with current federal standards applicable to all compounding activities (USP Chapter 797 for sterile preparations and USP Chapter 795 for nonsterile preparations). Pharmacies electing to engage in such activities for the benefit of Louisiana residents shall demonstrate their compliance with current federal standards by the attachment of appropriate documentation to their application.

The Louisiana Board of Pharmacy utilizes the Universal Inspection Form (NABP) for its inspections of in-state compounding pharmacies. If the inspection form offered by the nonresident pharmacy is not of equal or greater level of detail for the documentation of compliance with federal standards, the Board may not accept it, which would result in an incomplete application. In that event, the pharmacy will need to obtain an inspection from the resident board of pharmacy using the universal (or similar) form, or in the alternative, from a third party approved by the Board (National Association of Boards of Pharmacy [NABP] or Accreditation Commission for Health Care [ACHC]).

Compounding inspections should be dated within the 18 months prior to submitting this application

[PDF TEST.pdf](#)

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

No

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

No

**40. Will this pharmacy dispense or distribute any medical gases?**

No

New_PHY-NR_Sec08_PIC
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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.

**41. 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](#)

**42. Enter the full name of the PIC here.**

John Doe

**43. Enter the Louisiana pharmacist license number for the PIC.**

PST.098765

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

PO Box 987654321 Baton Rouge, LA 70809

**45. Enter the telephone number for the PIC.**

(225) 923-5660

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

licensing@pharmacy.la.gov

**47. 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.**

Question not answered

**48. 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

**49. 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

**50. 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

**51. 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, your 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

**52. 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

**53. 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.

New_PHY-NR_Sec09_Attest
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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.

54. 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

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

John Doe

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

04/05/2024

New_PHY-NR_Sec10_FinalInstructions
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**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](mailto:licensing@pharmacy.la.gov) advising that you credential has been issued. Our office does not mail paper credentials.**