

[Print](#)**Fees**

PHY-TM: New Application Fee	\$500.00
Fees:	Total \$500.00

PHY-TMS.Intro

This application is intended for current Therapeutic Marijuana Pharmacy permit holders only. If you are attempting to complete an application for Solicitation 2, please exit this application and select Therapeutic Marijuana Pharmacy.

Please assure you have reviewed the application at www.pharmacy.la.gov - Facilities - Therapeutic Marijuana Pharmacies - Therapeutic Marijuana Pharmacy Satellite and have prepared all data entries and uploads prior to beginning.

Fee:

The total fees due with this application is \$525.00 which includes the \$500.00 permit fee and the \$25.00 Prescription Monitoring Program fee. You must pay the fee by selecting "Pay Invoice" at the conclusion of the application. Application fees are non-refundable.

Applicants for Therapeutic Marijuana Satellite Pharmacy must submit the Application for Louisiana Controlled Dangerous Substance License which is also available through the online portal.

PHY-TMS.Authority

In accordance with Act 491 of 2022 Legislature, effective August 1, 2022:

"active, qualified patient" means a patient that has acquired a therapeutic marijuana product at least once in the preceding twelve-month period of August 1 through July 31.

"satellite location" an additional therapeutic marijuana pharmacy location operated by a therapeutic marijuana pharmacy licensee within the licensee's geographic region but physically separate from the location of the originally permitted therapeutic marijuana pharmacy.

The active, qualified patient count will be conducted on or after August 1 of each year using the preceding twelve-month period of August 1 through July 31. The Louisiana Board of Pharmacy will prepare the counts using the Prescription Monitoring Program data.

Relevant for 2022 and future active, qualified patient count:

After three thousand five hundred active, qualified patients are identified in the prescription monitoring program in a region, the Louisiana Board of Pharmacy shall allow the therapeutic marijuana pharmacy licensee in that region to open one additional therapeutic marijuana pharmacy location as a satellite location in that region.

Relevant for future qualified patient count (After August 1, 2023):

If the therapeutic marijuana pharmacy licensee opens a satellite location and the original location and the satellite location are each found to be serving three thousand five hundred active, qualified patients, then the Louisiana Board of Pharmacy shall allow the therapeutic marijuana pharmacy licensee in that region to open one additional therapeutic marijuana pharmacy location as a second satellite location in that region.

PHY-TMS.Location

No therapeutic marijuana pharmacy shall locate within a fifteen-mile radius of another therapeutic marijuana pharmacy.

In a region that encompasses any parish with a population of more than three hundred fifty thousand persons according to the most recent federal decennial census, no therapeutic marijuana pharmacy shall locate within a ten-mile radius of another therapeutic marijuana pharmacy.

In a region that encompasses any municipality with a population of more than three hundred fifty thousand persons according to the most recent federal decennial census, no therapeutic marijuana pharmacy shall locate within a five-mile radius of another therapeutic marijuana pharmacy.

PHY-TM.ConfidentialInformation

Pursuant to the Louisiana Public Records Act at La. R.S. 44:1 et seq., all proceedings, records, contracts, and other public documents relating to an application shall be open to public inspection.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within an application identified as such shall be clearly marked at the time of submission and will be treated in accordance with the Louisiana Public Records Act.

Any application copyrighted or marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse. The

applicant shall mark the cover each uploaded file with the following legend, specifying the specific section(s) of the application sought to be restricted in accordance with the conditions of the legend:

“The data contained in pages ____ of the this file have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a Therapeutic Marijuana Pharmacy Permit is issued to the applicant as a result of or in connection with the submission of this application, the Board shall have the right to use or disclose the data therein to the extent provided in the application. This restriction shall not limit the Board’s right to use or disclose data obtained from any source, including the applicant, without restrictions.”

Further, to protect such data, each page containing such data shall be specifically identified and marked as “CONFIDENTIAL”. The applicant shall be prepared to defend the reason(s) why the material should be held confidential. Additionally, any application that fails to follow this designation requirement and/or La. R.S. 44:3(D)(1) shall have failed to properly assert the designation of trade secrets and/or privileged or confidential proprietary information and such information may be considered public record.

The Board makes no warranty or guarantee as to any ability to maintain the confidentiality or privacy of any material or documents provided by an applicant in response to the application’s requirements, regardless of any language accompanying the material or documents.

PHY-TMS.OwnershipAndOMO

1. Enter the permit number of your currently licensed Therapeutic Marijuana Pharmacy.

Example Only

2. The Therapeutic Marijuana Pharmacy Satellite permit may only be issued under the exact same ownership structure as the primary Therapeutic Marijuana Pharmacy permit.

Does the satellite pharmacy and the active PHY-TM have the exact same ownership structure?

Yes

3. The Therapeutic Marijuana Pharmacy Satellite permit may only be issued with the same Owner’s Managing Office as the primary Therapeutic Marijuana Pharmacy permit.

Does the satellite pharmacy and the active PHY-TM have the same Owner’s Managing Officer?

Yes

PHY-TMS.PharmacyInfo

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

01/01/1900

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

Example Only

6. Enter the physical address of the proposed 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.

Example Only

7. Please provide the mailing address of the pharmacy.

Example Only

8. Enter the telephone number of the pharmacy.

(000) 000-0000

9. Enter the fax number for the pharmacy.

(000) 000-0000

10. 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.

ExampleOnly@pharmacy.la.gov

PHY-TMS.Records

11. Upload a detailed description of any other services or products to be offered by the therapeutic marijuana pharmacy. Your file should be clearly named using the PharmacyName.YYYY.MMDD.Services.

[PDF TEST.pdf](#)

12. Upload details regarding the applicant's plans to maintain adequate control against the diversion, theft, or loss of marijuana. Your file should be clearly named using the PharmacyName.YYYY.MMDD.DiversionPrevention.

[PDF TEST.pdf](#)

13. Upload documents or information sufficient to establish the applicant is authorized to conduct business in Louisiana and that all applicable state and local building, fire and zoning requirements, and local ordinances will be met.

**Your file should be clearly named using
PharmacyName.YYYY.MMDD.AuthorizedBusiness.**

[PDF TEST.pdf](#)

14. Text and graphic materials showing the exterior appearance of the proposed therapeutic marijuana pharmacy and its site compatibility with commercial or residential structures already constructed or under construction within the immediate neighborhood. Your file should be clearly named using PharmacyName.YYYY.MMDD.Exterior.

[PDF TEST.pdf](#)

15. Upload A blueprint of the proposed therapeutic marijuana pharmacy which shall, at a minimum, show and identify:

- i. The square footage of the area which will constitute the prescription department;**
- ii. The square footage of the overall therapeutic marijuana pharmacy;**
- iii. The square footage and location of areas used as storerooms or stockrooms;**
- iv. The size of the counter that will be used for the dispensing and sale of marijuana;**
- v. The location of the therapeutic marijuana pharmacy sink and refrigerator, if any;**
- vi. The location of all approved safes and vaults that will be used to store marijuana;**
- vii. The location of the toilet facilities;**
- viii. The location of the break room and location of lockers for personal belongings;**
- ix. The location and size of the patient counseling area(s);**
- x. The location(s) where any other products or services will be offered; and**
- xi. The location of all areas that may contain marijuana showing the location of walls, partitions, counters, and all areas of ingress and egress.**

Your file should be clearly named using PharmacyName.YYYY.MMDD.Blueprint.

[PDF TEST.pdf](#)

PHY-TMS.DesignatedContact

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

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

Example Only

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

Example Only

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

(000) 000-0000

19. 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.

ExampleOnly@pharmacy.la.gov

PHY-TMS.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.

20. Enter the full name of the PIC here.

Example Only

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

Example Only

22. 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.

Example Only

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

Example Only

24. Enter the telephone number for the PIC.

(000) 000-0000

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

ExampleOnly@pharmacy.la.gov

26. 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

27. 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

28. 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

29. 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

30. Upload any documents required based on an affirmative reply to any of the previous questions. Each question notes the required documents.

PHY-TMS.Signatures

By their signatures below, the Owner's Managing Officer (OMO) and the Pharmacist-in-Charge (PIC) attest their knowledge and agreement with the following statements:

We understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents until the pharmacy is issued a permit by the Board.

We 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.

We understand and agree that in the event any information contained in this application or supplemental materials changes after its submission to the Board, we shall immediately notify the Board in writing and provide corrected information in a timely manner so as not to disrupt the application processing or permit selection. All documents are to be uploaded through the online services portal.

We understand and agree the Board may verify information contained in this application and supplemental materials in order to assess our character and

fitness to operate a therapeutic marijuana pharmacy by, among other actions:

- **Contacting the applicant by telephone, electronic mail, mail, or such other means is reasonable under the circumstances;**
- **Conducting one or more on-site visits of the location for the proposed therapeutic marijuana pharmacy, or other pharmacies associated with the applicant or any of the applicant's owners;**
- **Conducting background checks or contacting references of the applicant, its managing officer, any of the corporate officers, or any shareholder, as well as the pharmacist-in-charge;**
- **Contacting state regulators in any other states where the applicant, the applicant's owners or corporate officers, or its pharmacist-in-charge are engaged in, or have sought to be engaged in, any aspect of that state's therapeutic marijuana program; or**
- **Requiring a personal meeting with the owner's managing officer and the pharmacist-in-charge and the submission of additional information or documents.**

We understand and agree that this pharmacy shall be operated in compliance with the Louisiana Pharmacy Practice Act (La. R.S. 37:1161 to 1250) and the professional and occupational standards found in Part LIII of Title 46 of the Louisiana Administrative Code, as well as all other federal and state laws and rules that may be applicable to the scope of services rendered to Louisiana residents at this pharmacy.

31. Owner's Managing Officer: 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.

03/13/2023

33. Pharmacist-In-Charge: As a component of your electronic signature, please type your name in the text box below.

Example Only

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

03/13/2023

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".