

Fees

PNT Registration Application Fee	\$50.00
	Total
Fees:	\$50.00

PNT.Sect1.Intro

Before You Begin:

You must read all information thoroughly prior to submitting your Application for New Louisiana Pharmacy Intern Registration. The application fee of \$50.00 must be paid to submit the application. All fees are non-refundable.

This application shall expire one year after the date of its receipt in the Board office. In the event the application expires before the registration is issued, the application shall be rendered null and void, and all fees attached shall be forfeited. Continued progress shall require a new application and fee.

The Louisiana Board of Pharmacy is the state agency established by the Louisiana Legislature and authorized to regulate the practice of pharmacy in the state of Louisiana.

The Board accomplishes its legislative mandate by (1) restricting the entry into pharmacy practice to qualified applicants, and (2) monitoring their practice for compliance with the federal and state laws and rules governing the practice of pharmacy.

The Board has adopted rules governing pharmacy interns. A copy of those rules – Chapter 7 ~ Pharmacy Interns – is available in the Louisiana Pharmacy Law Book found on the Board’s website at www.pharmacy.la.gov.

With the privilege of obtaining a pharmacy intern registration comes the personal responsibility for reading, understanding, and complying with the Board’s rules. In addition to the rules, the Board routinely publishes guidance information in its quarterly newsletter as well as bulletins and alerts. This information is distributed electronically; therefore, we encourage your inclusion of an email address on your application.

This application package is intended for applicants seeking a pharmacy intern registration. The Board’s rule defines “pharmacy intern” as an individual who is not yet licensed as a pharmacist in any jurisdiction and is:

Enrolled in a college or school of pharmacy which is accredited by the Accreditation Council for Pharmacy Education (ACPE); or

A graduate of an ACPE-accredited school of pharmacy awaiting examination for pharmacist licensure; or

A graduate of a pharmacy school not accredited by ACPE who has established educational equivalency through a program approved by the Board; or

Participating in a residency or fellowship.

Qualifications for Pharmacy Intern Registration:

1) The applicant shall be at least 18 years of age. In addition to entering the date of birth on the application form, the applicant shall upload a legible copy of their birth certificate. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we can accept an upload of a valid and unexpired passport, or in the alternative, a copy of a naturalization document from the U.S. government.

2) The applicant shall confirm their identity by entering their current legal name on the application form. In the event the name on the birth certificate differs from the current legal name entered on the application form, the applicant shall provide copies of the legal documents for every name change in the interim; examples of acceptable documents include marriage licenses and court decisions. Copies of driver's licenses are not acceptable for this purpose.

3) The applicant is not required to document their citizenship; however, the applicant is required to verify their legal authority to work in the United States by entering their Social Security number on the application form and attaching a legible copy of their Social Security card. There is no substitute for the Social Security number and the staff is required to return any application without this information and documentation.

4) The applicant shall meet one of three eligibility options relative to pharmacy education:

Option A - Provide proof of enrollment in an ACPE-accredited school of pharmacy.

Option B - Provide proof of graduation from an ACPE-accredited school of pharmacy.

Option C - Graduates of a pharmacy school not accredited by ACPE (foreign pharmacy schools) must demonstrate the equivalency of their pharmacy education to that of ACPE accredited schools of pharmacy. The Board has approved the Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate issued by the National Association of Boards of Pharmacy (NABP) for that purpose. Applicants who are foreign pharmacy graduates must provide their EE # issued by NABP as well as its date of issue. Board staff will verify that information with NABP.

Criminal Background Check (CBC):

The Louisiana Legislature (La. R.S. 37:1216) requires the Board to conduct a criminal history check on applicants for all credentials. Upon receipt of your properly completed application, you will be emailed the directions for completing the CBC process. The time required to complete this process varies based on the applicant's selected method. Results are typically received by the Board office

within 48 hours of completion. This requirement is waived for applicants who have previously completed a CBC through the Louisiana Board of Pharmacy.

Please read the instructions for Prior History very carefully. In the event the information contained in the CBC report from the La. State Police and FBI differs from the information revealed in the responses to the questions in this Section, the application will be referred to the Board for its consideration, delaying the process considerably. The failure to provide all relevant information requested provides the Board with a sufficient legal basis to deny the application and refuse to issue the registration.

The pharmacy intern registration is a virtual credential, meaning no paper form exists. It is verifiable at the Board's website.

The pharmacy intern registration acquired via Options A or B shall expire one year after the date of graduation from an ACPE-accredited school of pharmacy, and it shall not be renewed.

The pharmacy intern registration acquired via Option C (foreign pharmacy graduate) shall expire two years after the date of issue, and it shall not be renewed.

The Board may issue only one registration to a person; multiple credentials of the same type are not permitted.

The Board reserves the right to refuse to issue, recall, or discipline a pharmacy intern registration for cause.

Pharmacy interns shall wear appropriate attire and be properly identified as to name and intern status while on duty in the prescription department.

A pharmacy intern shall notify the board, in writing, no later than 10 days following any change of mailing address or any change of location of pharmacy employment. Form No. 90 ~ Change of Mailing Address or Employment is available on the Board's website for this purpose.

When the pharmacy intern has completed the requirements for pharmacist licensure, the intern may apply at their leisure. It is not necessary (or prudent) to wait until the expiration date of the pharmacy intern registration to apply for the pharmacist license.

Professional Experience in a Pharmacy:

A pharmacy intern shall possess a registration prior to performing any professional function or acquiring any professional experience in a pharmacy.

A pharmacy intern shall not practice in a pharmacy where its permit is on probation with the Board.

A pharmacy intern shall not practice under the supervision of a pharmacist whose license is on probation with the Board.

An application for pharmacist licensure requires the intern to demonstrate the acquisition of at least 1,740 hours of professional experience; however, the Board will automatically issue a credit of 1,740 hours to all applicants completing the professional experience curriculum in an ACPE-accredited school of pharmacy. While the intern is not required to earn professional experience separate and apart from the curriculum, there could be substantial benefit for those interns electing to do so. Interns contemplating pharmacist licensure in another state should consult with the state board of pharmacy in that state to determine their professional experience requirements.

Pharmacy interns seeking Board credit for professional experience acquired in a pharmacy located within the State of Louisiana shall document that experience using Form No. 21 ~ Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Interns Within Louisiana, available on the Board's website, and submit the completed form to the Board office.

Pharmacy interns seeking Board credit for professional experience acquired in a pharmacy located outside the State of Louisiana shall document that experience using Form No. 22 ~ Pharmacist's Certification of Hours of Professional Experience Earned by Pharmacy Interns Outside Louisiana, available on the Board's website, and submit the completed form to the Board office.

A separate Pharmacist's Certification form must be completed for each pharmacy where hours were earned.

Hours of professional experience shall expire two years after the expiration date of the pharmacy intern registration and shall no longer be valid for pharmacist licensure.

NOTE: The Board's receipt of your application for a pharmacy intern registration does not authorize you to practice, nor may you practice while waiting for the Board to process your application. You are not authorized to practice until the Board issues your numbered pharmacy intern registration.

PNT.Sect2.Contact

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

Application Preview

2. List all other names you have been known by (maiden, married, etc.).

Note: you will be asked to provide legal documents for all name changes later in the application.

Application Preview

3. Please enter your place of birth (City & State, Country if not USA).

Application Preview

4. Please enter your date of birth.

05/17/2024

5. Please enter your social security number.

111-11-1111

6. Select gender.

Female

7. Which of the following best describes your ethnicity?

Other

8. 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.

Application Preview

9. Email is our primary means of communication with applicants. Please provide a secure email address that you check routinely.

ApplicationPreview@pharmacy.la.gov

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

(225) 923-5660

PNT.Sect3.PharmacyEducation

11. Enter the name and address for your College/School of Pharmacy.

Application Preview

12. Describe your education status by entering the best option and typing the information that belongs in the blanks in the text box below:

Option A: I am currently enrolled. My student identification number is _____. My P-1 year began (Mo / Yr) _____.

Proof of enrollment in an ACPE-accredited school of pharmacy is required. For students enrolled in a school of pharmacy located within the State of Louisiana, the school administration will automatically send the Board a roster of enrolled students. Staff is obligated to review that official roster before issuing the intern registration. For students enrolled in a school of pharmacy located outside the State of Louisiana, the applicant should request the administrative office of that school to send the confirmation of their enrollment directly to the Board office.

Option B: I graduated on _____. I have requested a Certification of Graduation from the dean of the school.

Proof of graduation from an ACPE-accredited school of pharmacy. For applicants graduating from a school of pharmacy located within the State of Louisiana, the school administration will automatically send the Board a Certification of Graduation shortly after the graduation date. For applicants graduating from a school of pharmacy located outside the State of Louisiana, the transcript, confirming graduation, will be verified through National Association of Boards of Pharmacy (NABP).

Option C: My school is not accredited by ACPE. NABP issued my FPGEC on _____. My EE # is _____.

Graduates of a pharmacy school not accredited by ACPE (foreign pharmacy schools) must demonstrate the equivalency of their pharmacy education to that of ACPE accredited schools of pharmacy. The Board has approved the Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate issued by the National Association of Boards of Pharmacy (NABP) for that purpose. Applicants who are foreign pharmacy graduates must provide their EE # issued by NABP as well as its date of issue. Board staff will verify that information with NABP.

Option A; 12345. P2

PNT.Sect4.OtherCredentials

13. Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

Note: You will be required to upload a list of each credential you have held. For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted. Website verifications will be accepted if they provide all of the required fields.

Yes

PNT.Sect5.PriorHistory

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the credential, or if the credential has already been issued, then the suspension or revocation of that registration.

14. 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

15. 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

16. 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

17. 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

18. 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

PNT.Sect6.Uploads

You will now be instructed to upload several documents that were previously noted throughout the directions and application. Do not submit your application until you have completed the upload of all documents. We urge you to assure you are uploading the correct documents.

Our office can only accept pdf., bmp., and txt. files. Please note that bmp. is an image file type.

If you have any questions, please email licensing@pharmacy.la.gov before submitting your application.

19. Please upload a recent photograph of yourself. Photograph should be recent (within the last 6 months), should show a clear likeness of the applicant's head and shoulders only with eyes open. Photograph should not be black / white and should not include other people. Please remember you are submitting the photograph to your professional licensing agency. Passport photographs work best.

[PDF TEST.pdf](#)

20. Please upload a copy of your birth certificate. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we will accept a copy of a valid passport or naturalization documents.

[PDF TEST.pdf](#)

21. In the event the name on the birth certificate differs from the current legal name on the application form, the applicant will need to provide copies of the legal documents for every name change in the interim. Examples of acceptable documents include marriage license or other court document detailing the name change. A driver's license or Social Security card is not acceptable for this purpose. Please upload your name change documents now.

[PDF TEST.pdf](#)

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

The Louisiana Board of Pharmacy will not issue any license, permit, or certificate without a social security card.

[PDF TEST.pdf](#)

23. Applicants indicating, earlier in this application, that they have ever held a professional credential issued by another agency must complete and submit Form 33 ~ Professional Credentials Disclosure Form, with the required license verifications. Please visit www.pharmacy.la.gov to obtain this form. This form should be uploaded, with required attachments.

[PDF TEST.pdf](#)

24. 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.

[PDF TEST.pdf](#)

25. The Board requires that we have a request to conduct electronic business on file. Please upload a signed statement requesting to conduct electronic business with the Louisiana Board of Pharmacy. The document will not be accepted without your written signature.

[PDF TEST.pdf](#)

26. I am the person referred to in this application, and the photograph above is a true likeness of me.

I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacy intern registration, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.

I understand the Board's receipt of this application does not authorize me to practice, nor may I practice while waiting for the Board to complete the processing of my application. I understand I am not authorized to practice until the Board issues my numbered pharmacy intern registration.

I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board's refusal to issue the registration – or if the registration has already been issued, then the suspension or revocation of that registration.

Yes

27. 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

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

Application Preview

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

05/17/2024

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. Your application will not be submitted until your invoice is paid. Louisiana state government owned facilities, applying for or renewing a credential ending with "X", are exempt from payment of licensing fees and an invoice will not generate.

You will receive emails from the Board updating you on the status of you application as needed after submission. All items are reviewed within 14 business days of receipt.