

[Print](#)**Fees**

Examination and licensing	\$300.00
	Total
Fees:	\$300.00

PST.Initial.Sect1.Directions

1. This application is for a new Louisiana Pharmacist license. This is not a renewal. If you are attempting to renew your license exit this application then select "Create or Resume a RENEWAL"

All application fees submitted to the Louisiana Board of Pharmacy are non-refundable. You must assure you have selected the appropriate license type and meet all of the requirements prior to submitting the application and paying your invoice.

You may check the status of this application, after submission, by logging into the Online Services Portal and selecting "Submission Status".

The Louisiana Legislature has adopted laws requiring all professional licensing agencies to verify applicant status with certain other agencies. Staff will submit your name and pertinent information to the Louisiana Department of Children & Family Services (DCFS). In the event that agency informs the Board the applicant is in default of court-ordered child support, we are prohibited from issuing or renewing your license even if you have met all of the Board's requirements. In that case, we will inform you and refer you to DCFS. We cannot release your license until DCFS confirms to us your compliance with their requirements.

Staff will submit your name and pertinent information to the Louisiana Department of Revenue (LDR). In the event that agency informs the Board the applicant owes any money to the State of Louisiana (taxes or any other obligations), we are prohibited from issuing or renewing your license even if you have met all of the Board's requirements. In that case, we will inform you and refer you to LDR. We cannot release your license until LDR confirms to us your compliance with their requirements.

When the licensing assistants have compiled a completed application with all required attachments, they will refer the file to a licensing analyst for final review, approval, and issuance of the license. However, in the event the analyst determines the application warrants consideration by an administrative officer or the Board, the office will notify the applicant of the time, date, and place of their meeting with the Board or a committee thereof.

The Board's receipt of your application for licensure does not authorize you to practice, nor may you practice while waiting for the Board to process your application. When the Board issues your numbered pharmacist license, you are then authorized to practice.

All credentials issued by the Board, as well as applications for same, can be verified at the Board's website at www.pharmacy.la.gov. When a license is issued, the database and website status is updated in real time. We no longer require display of a pharmacist license; website verification is sufficient to authorize practice.

Finally, every pharmacist license shall expire at midnight on December 31 of every year, regardless of the date of issue. If you are contemplating the submission of your application in the months of November or December, you have the option of requesting a delayed issuance of the license on the first business day of the following January. Otherwise, you will be responsible for the immediate renewal of the newly issued license on or before December 31.

Have you reviewed the information above?

Yes

2. Before You Begin

The Louisiana Board of Pharmacy is the state agency established by the Louisiana Legislature 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 the practice of pharmacy. We encourage your review of the Louisiana Pharmacy Law Book found on the Board's website at www.pharmacy.la.gov. With the privilege of obtaining a pharmacist license comes the personal responsibility for reading, understanding, and complying with the Board's rules. In addition to the law book, the Board routinely publishes guidance information in its quarterly newsletter as well as in 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 pharmacist license. There are three general requirements for pharmacist licensure – education, experience, and examination. Further, the applicant shall meet the minimum age requirement (21 years) and submit to criminal history record checks conducted by the Louisiana State Police and Federal Bureau of Investigation. This application form and supporting materials are designed to ensure documented compliance with the licensing requirements.

There are two pathways to pharmacist licensure – (1) examination or score transfer, and (2) license transfer, also known as reciprocity. An applicant selecting the license transfer method shall also complete the Official Application for Transfer of Pharmacist Licensure available from the National Association of Boards of Pharmacy (NABP) at www.nabp.pharmacy.

Have you reviewed the information above?

Yes

3. Education:

The applicant shall demonstrate compliance with the educational requirement for licensure with proof of a professional pharmacy degree awarded by a school or college of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).

The deans of the schools of pharmacy within Louisiana will submit your Certificate of Graduation upon graduation.

Graduates from other pharmacy schools should assure their College of Pharmacy has submitted their transcript to NABP for verification by Board staff.

In lieu of a professional degree from an ACPE-accredited school of pharmacy, a foreign pharmacy graduate shall inform the Board of their Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate from the National Association of Boards of Pharmacy (NABP). The Board will verify that credential with NABP.

Pharmacist applicants by reciprocity are not required to submit a Certification of Graduation as NABP will verify this information on your License Transfer Application.

Have you reviewed the information above?

Yes

4. Examination:

The applicant shall demonstrate compliance with the examination requirements with proof of successful completion of the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination for Louisiana (MPJE-La). Applicants pursuing licensure through license transfer are not required to retake the NAPLEX; we will honor the score from your original license by examination provided that license is still in active status. However, the MPJE-La must be completed successfully.

Examinations are administered by the National Association of Boards of Pharmacy (NABP). The applicant should obtain a copy of the examination bulletin from NABP at www.nabp.pharmacy; further, the applicant shall register for the examinations at that same website.

NABP will determine eligibility for the examination(s) with the candidate has registered and issue an Authorization to Test (ATT) to the candidate. The candidate may then contact a testing center to schedule the examination. Examination results are made available to the candidate directly by NABP, and NABP also reports the pass or fail to the Board. Due to the confidential nature

of examination scores, the Board office will not provide verbal disclosure of that information.

NABP has policies relative to the amount of time between attempts as well as a lifetime maximum number of attempts. The Louisiana Board of Pharmacy respects and supports all exam policies.

Finally, examination scores expire one year after the test date. In the event licensure has not been completed by the score expiration date, the examination must be repeated.

Have you reviewed the information above?

Yes

5. Experience:

The applicant shall demonstrate compliance with the experience requirement with proof of the acquisition of 1,740 hours of pre-licensure professional experience. There are several variations in how this experience can be documented and we encourage your careful review of the information in this section.

Licensure by Examination or Score Transfer - The accreditation standards issued by ACPE in 2007 required accredited schools of pharmacy to provide at least 1,740 hours of professional experience within their curriculum. As evidence of the Board's value assessment of the professional experience program provided by ACPE-accredited schools of pharmacy, the Board will grant a credit of 1,740 hours for the successful completion of that program as demonstrated by the transcript on file with NABP. Therefore, the applicant is not required to document any additional hours of professional experience.

Licensure by License Transfer (Reciprocity) - The Board does not require documentation of pre-licensure hours of experience for reciprocity applicants.

Have you reviewed the information above?

Yes

6. Criminal Background Checks (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, staff will provide you with a packet of materials necessary to complete this process. The applicant shall submit their fingerprints for analysis by the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI). The applicant shall return the packet to the Board office along with a copy of their state identification card (e.g., driver's license); the Board staff will deliver the packet to the LSP Headquarters. Following their analysis, the LSP and FBI will prepare a report

for the Board. Board staff must review that report before they can issue your license.

The time required to complete this process varies widely – from as little as one week to more than six weeks. When the analysts determine the fingerprints are of insufficient quality, the applicant must resubmit their fingerprints, which takes additional time for processing. The CBC process is controlled by the LSP and FBI. The Board has no control over how long it takes for those agencies to send their report to the Board. Applicants can substantially reduce the amount of time for that process by completing their packet at the LSP Headquarters in Baton Rouge, La. Instructions for this option are included in the packet of materials provided to the applicant, and the LSP charges an additional fee for this on-site service.

The fee for the CBC is \$39.25, and it is payable to the La. State Police, not the Board of Pharmacy. The LSP does not accept cash or personal checks. Checks erroneously made payable to the Board of Pharmacy shall be returned to the applicant and will delay the CBC process. The fee for the additional on-site service at LSP is \$10.00 and is payable to that agency.

We are not permitted to accept criminal history reports prepared by applicants, nor can we accept criminal history reports generated by or for another agency.

Have you reviewed the information above?

Yes

PST.Initial.Sect2.LicenseMethod

7. Please select the method of licensure and note the associated fee.

Examination or Score Transfer (\$300)

License Transfer (\$450)

Examination

PST.Initial.Sect3.PersonalInformation

8. Please enter your current legal name. Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be reflected on our online verification screen. Enter name as "First Middle Last, Suffix".

Note: You will be required to provide a copy of your birth certificate later in the application.

Example Only

9. 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.

Example Only

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

Example Only

11. Please enter your date of birth.

01/01/1900

12. Select gender.

Female

13. Which of the following best describes your ethnicity?

Other

14. Please enter your social security number.

000-00-0000

15. Please enter your eProfile number, as assigned by the National Association of Boards of Pharmacy:

000000

16. 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

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

ExampleOnly@pharmacy.la.gov

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

(225) 923-5660

PST.Initial.Sect4.PharmacyEducation

19. Please provide the name and address of the College of Pharmacy that conferred your degree.

As a reminder, applicants for license by exam or score transfer who graduated from a College of Pharmacy outside of Louisiana, must have a transcript on file with NABP.

Example Only

20. Please enter your degree type (PharmD or B.S. Pharmacy).

Example Only

21. Please enter the date your degree was conferred.

01/01/1900

22. For foreign pharmacy graduates:

Do you have an FPGEC certificate?

Note: you will be required to provide a copy of your FPGEC certificate later in the application.

No

23. If you have an FPGEC, please enter the EE#.

Question not answered

24. If you have an FPGEC certificate, please provide the date of issuance.

Question not answered

PST.Initial.Sect5.OtherCredentials

25. 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 all other credentials later in the application. This list should include issuing state, type of credential, credential number, date of issuance, expiration date, and if the credential has ever been disciplined. For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential 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. Online verifications may be uploaded if they include all of the information required.

No

PST.Initial.Sect6.PriorHistory

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, 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

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. 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

PST.Initial.Sect7.UploadDocuments
--

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.

31. 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](#)

32. 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](#)

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

[PDF TEST.pdf](#)

34. If you have an FPGECC certificate, please upload a legible copy now.

35. If you were required to earn hours of experience outside of your educational program, you may now upload your completed affidavit documenting such hours. If you are unsure if you need this document, please review the "experience" requirements in Section 1 of this application.

36. Please upload a list of all other credentials you have ever held. This list should include issuing state (not Louisiana), type of credential, credential number, date of issuance, expiration date, and if the credential has ever been disciplined.

For each credential you have ever held, you must also upload a letter from the state licensing agency that issued the credential certifying the current status of that credential. The letter must include the credential number, the date of issuance, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted. Online verifications may be uploaded if they include all of the information required.

37. 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.

38. 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](#)

39. 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](#)

PST.Initial.Sect8.Attest

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

With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.

I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacist license 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 my application does not authorize me to practice, nor may I practice while waiting for the Board to process my application. I understand when the Board issues my numbered pharmacist license, I am then authorized to practice.

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 license – or if the license has already been issued, then the suspension or revocation of that license.

Yes

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.

Example Only

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

01/01/1900