



# Louisiana Board of Pharmacy

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## Application for New Louisiana Pharmacist License

### 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](http://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 Louisiana 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](http://www.nabp.pharmacy).

### 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 are aware of the requirement to complete and submit the *Certification of Graduation* form after the graduate has received their professional degree. Graduates from other pharmacy schools should obtain a blank copy of *Form No. 10-NR ~ Certification of Graduation from ACPE-Accredited College of Pharmacy Outside Louisiana* from the Board's website and request the dean of their school to send the completed document directly to the Board office. We cannot accept this document directly from the applicant.
- 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.

### 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 on the *Certification of Graduation*. Therefore, the applicant is not required to document any additional hours of professional experience.

Applicants completing their pharmacy education prior to the year 2007 will need to document 1,740 hours of pre-licensure professional experience separate and apart from their academic program. This experience shall be documented on a Pharmacist's Certification form for that purpose [*Form No. 21* for experience earned within Louisiana, and *Form No. 22* for experience earned outside Louisiana]. Please note there are rules about the qualifications of the supervising pharmacist, the maximum number of hours per week that may be credited, as well as restrictions on earning hours of professional experience within a pharmacy or under the supervision of a pharmacist when those credentials are on probation during the time the hours are earned. We strongly encourage your review of §705 in Chapter 7 of the Board's rules for pharmacy interns.

The Board will accept pre-licensure hours of experience earned in other jurisdictions, but only if such hours were earned in compliance with the rules of the board of pharmacy in that jurisdiction as well as the Louisiana Board, and only when such hours are certified by that board of pharmacy directly to the Louisiana Board office. The Louisiana Board will certify hours of experience earned within Louisiana to other states, but only after the applicant has graduated and then upon receipt of a written request and fee for that purpose.

- *Licensure by License Transfer (Reciprocity)*

The Board does not require documentation of pre-licensure hours of experience for reciprocity applicants.

### Examination

The applicant shall demonstrate compliance with the examination requirement with proof of successful completion of the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination for Louisiana (MPJE-La). Both of these 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](http://www.nabp.pharmacy); further, the applicant shall register for the examinations at that same website. On receipt of a properly completed application, NABP will contact the Board office for permission to administer the examination to the applicant. Before confirming an applicant's eligibility for an examination, the Board office must have the following items in its office:

- Completed *Application for New Pharmacist License* (and access to the NABP application if by license transfer) with appropriate fee;
- Copy of birth certificate; and
- *Certification of Graduation* from an accredited school of pharmacy (or FPGE if a foreign pharmacy graduate) [waived for application via license transfer].

On confirmation of eligibility by the Board, NABP will 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 results to the Board. Due to the confidential nature of examination results, the Board office will not provide verbal disclosure of that information.

NABP permits candidates for the NAPLEX test to transfer their examination result to one or more jurisdictions in addition to the original jurisdiction selected by the candidate. There are fees and timelines for that option and we encourage you to confirm those details with NABP. Please note that Louisiana accepts NAPLEX result transfers from every state, with the exception of results obtained within California prior to January 1, 2004.

In the event multiple attempts for an examination are required, NABP has policies relative to the amount of time between attempts as well as a lifetime maximum number of attempts. The Louisiana Board respects and supports those policies.

Applicants pursuing licensure through license transfer are not required to retake the NAPLEX; we will honor the result from your original license by examination provided that license is still in active status and also provided that license was not acquired on the basis of an examination administered within California prior to January 1, 2004. However, the MPJE-La must be completed successfully.

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

### 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, 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 registration.
- 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 re-submit 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.

### Application Notes

The following information is provided to assist your completion of the application form. Please note the expiration date of the application form and fee identified at the top of the first page.

- *Section 2 - Personal Information*

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. 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. In the event the applicant does not yet have an NABP eProfile Number, the applicant may obtain that number at [www.nabp.pharmacy](http://www.nabp.pharmacy).

- *Section 3 – Contact Information*

Due to the continual increases in postage, the Board is relying less on hard copy mail and increasing the use of e-mail communications. An e-mail address is not required but is strongly recommended. We do, however, reserve the right to reject sexually explicit or professionally inappropriate e-mail addresses.

- *Section 5 – Pharmacy Credentials from Other States*

In the event the applicant has ever received any pharmacy credentials from any other jurisdiction, those should be identified in this section, along with the requested information. Further, the applicant shall contact the board of pharmacy in each jurisdiction to request that board send the Louisiana Board a certification of the credential. That certification shall include the name in which it was issued, the credential number, the method of issue (examination or license transfer), the date of issue, the date of expiration, and whether the credential has been disciplined. In the event disciplinary action has been taken, the Board will require a copy of the agency decision document.

- *Section 6 – Prior History*

As mentioned above, the Board requires applicants to submit to a criminal history record check. Please read the instructions to this section very carefully. In the event the information contained in the resulting report from the La. State Police and FBI differs from the information revealed in the responses to the questions in this Section of the application form, the application form will be referred to the Board for its

consideration of the application. With respect to prior history, there are no automatic barriers to licensure; every case is considered on its own merits. The failure to provide all relevant information requested provides the Board with sufficient basis to deny an application and refuse to issue a license. Regrettably, the Board has already found it necessary to take such action – not for the underlying offense, but for the failure to disclose the information on the application.

- *Section 7 – Photographic Identification*

Please do not cut photographs from other items such as identification cards. The face, including the eyes, must be visible. This is your application for a professional license. We encourage passport-style photos.

- *Application Processing*

We strongly encourage your review of the completed application and required attachments prior to sending the original documents to the Board office. Further, we encourage you to retain at least one copy of the application and attachments prior to placing the original documents with a mail carrier. If it is important to you to know if and when the Board has received your application materials, we encourage your use of mail tracing services such as DHL, FedEx, UPS, or USPS. Due to the volume of applications received on a daily basis, we are unable to prioritize responses to inquiries confirming our receipt of your materials.

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](http://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.



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## Application for New Louisiana Pharmacist License

**Note:** This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the license is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. Select the method of licensure in Section 1 and note the associated application fee. We accept checks or money orders drawn on any bank located within the U.S. that are payable in U.S. dollars to the Louisiana Board of Pharmacy.

### Section 1 – Licensure Method

☐ Examination or Score Transfer [\$300]

☐ License Transfer (Reciprocity) [\$450]

### Section 2 – Personal Information

Current Legal Name: \_\_\_\_\_  
*First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)*

List All Other Names (Maiden, Married, etc.): \_\_\_\_\_

Place of Birth (City & State + Country if not USA): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ NABP eProfile Number: \_\_\_\_\_

**Note:** 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 annual license renewals.

### Section 3 – Contact Information

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*\* May be used for official communications. \**

Telephone Number: \_\_\_\_\_

### Section 4 – Pharmacy Education

Name of College of Pharmacy: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

*City & State + Country if not USA*

*For foreign pharmacy graduates only:*

FPGEC Certificate No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

### For Board Use Only:

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

License No.: \_\_\_\_\_ Issued: \_\_\_\_\_

Approved by: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ NABP eProfile Number: \_\_\_\_\_

### Section 5 – Pharmacy Credentials from Other States

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?

☐ No [Proceed to Section 6]      ☐ Yes [Record information below; attach additional pages as necessary]

State	Type of Credential	Credential No.	Date Issued	Expiration Date	Disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

### Section 6 – Prior History

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

1. ☐ Yes ☐ No 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 though 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” and mail certified copies of the decision documents along with your personal letter of explanation.
- 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.
2. ☐ Yes ☐ No Have you ever had a professional license as a pharmacist or any other health care provider 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?
- In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.
3. ☐ Yes ☐ No 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?
- In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.



Applicant Name: \_\_\_\_\_ NABP eProfile Number: \_\_\_\_\_

4. ☐ Yes ☐ No 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 as a pharmacist?
- In the event of an affirmative reply to this question, please provide 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.

5. ☐ Yes ☐ No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?
- In the event of an affirmative reply to this question, please provide 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.

### Section 7 – Photographic Identification

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

Staple one recent  
passport size (2"x2")  
fade-proof  
photograph  
in this block using the  
guidelines at the left.

Date of Photograph: \_\_\_\_\_

### Section 8 – Required Attachments

Please verify the presence of the required attachments:

- ☐ Yes ☐ No Birth certificate – must be legible copy. If not in English, must be accompanied by certified translation.
- ☐ Yes ☐ No Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- ☐ Yes ☐ No Social Security card – must be legible copy.
- ☐ Yes ☐ No Document as needed from Section 4 (graduation from non-La school or FPGE certificate).
- ☐ Yes ☐ No Copy [or website verification thereof] of other pharmacy credentials identified in Section 5.
- ☐ Yes ☐ No Documents as needed from Section 6.

### Section 9 – Applicant's Attestation & Signature

By my signature, I agree with and attest to the following statements:

- 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant