



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Professional Credentials Disclosure Form

This form is required as a supplement to applications requesting disclosure of professional credentials issued by other agencies. Please use this form as many times as necessary to report all credentials. Upon completion, you may submit this form to the board office during the application process (online or paper). You may also upload the form to the board office using the Online Services Portal.

Below list all credentials you have ever held with all fields requested. For EACH credential you have ever held, you must attach a license verification from the state licensing agency that issued the 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 submitted if they include all of the information required. Copies of licenses are not accepted.

<b>Applicant's Full Name:</b>	<b>Credential Applied For:</b>
-------------------------------	--------------------------------

<b>Issuing State or Jurisdiction:</b>		<b>Credential No.:</b>
<b>Issuance Date:</b>	<b>Expiration Date:</b>	<b>Current Status:</b>
<b>Has this credential been disciplined?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Issuing Agency Verification Attached? (REQUIRED)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Issuing State or Jurisdiction:</b>		<b>Credential No.:</b>
<b>Issuance Date:</b>	<b>Expiration Date:</b>	<b>Current Status:</b>
<b>Has this credential been disciplined?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Issuing Agency Verification Attached? (REQUIRED)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Issuing State or Jurisdiction:</b>		<b>Credential No.:</b>
<b>Issuance Date:</b>	<b>Expiration Date:</b>	<b>Current Status:</b>
<b>Has this credential been disciplined?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Issuing Agency Verification Attached? (REQUIRED)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes