



Louisiana Board of Pharmacy

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



Application for New Automated Medication System (AMS) Registration

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 registration is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The fee for the AMS registration is **\$150**; we accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

Section 1 – Reason for Application (Select one)

☐ Registration of New System ☐ Relocation of Existing System ☐ Transfer of Ownership

If a relocation or transfer of ownership, enter current AMS registration number: AMS. _____

Section 2 – Information about Provider Pharmacy

Pharmacy Name: _____

La. Pharmacy Permit No.: PHY. _____

Pharmacist-in-Charge: _____

La. License No.: PST. _____

Section 3 – Information about Facility or Location Hosting the AMS

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

(1) If facility is licensed by La. Dept. of Health, please enter LDH License No.: _____

(2) If facility holds a CDS license, please enter the CDS license number: CDS. _____

(3) If facility is a detention or correctional facility, please identify the state or local governmental entity which owns or operates the facility:

If neither (1), (2) or (3) above are applicable, please describe the healthcare setting where the automated medication system is intended to be placed and operated:

Section 4 – Information about Automated Medication System

Manufacturer: _____

Model: _____

A remote dispensing system is defined in the Board's rules as *a profile-driven automated medication dispensing system employing bidirectional audio-visual technology to facilitate pharmacist communication with a patient or caregiver.* [LAC 46:LIII.1201]

Is the AMS a remote dispensing system as defined by the Board in Chapter 12 of its rules?

☐ Yes

☐ No

Section 5 – Attestation & Signature

I am the Pharmacist-in-Charge identified in Section 2 of this application. I understand and agree that I am responsible for compliance with the requirements for automated medication systems found in Chapter 12 of the Board's rules.

Pharmacist-in-Charge: _____ Date: _____

For Board Use Only:

Payment No.: _____ Reg. No.: _____

Amount: _____ Issued: _____