



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 Louisiana Controlled Dangerous Substance (CDS) License For Facilities

This application is intended for facilities wishing to obtain a Louisiana Controlled Dangerous Substance License. You are strongly encouraged to review the application checklist prior to starting the application process. You may do so at www.pharmacy.la.gov/page/application-process-transparency. **The electronic version of this form is available for submission at www.pharmacy.la.gov.** All paper forms must be submitted by a postal service or in person at the address above with required fees and attachments.

Section 1 – Identification of Facility Owner

Name of Legal Entity Owning Facility: _____

FEIN of legal entity: _____ [Attach copy of W-9 form]

Name of Facility (d/b/a): _____

<u>Physical Address</u>	<u>Mailing Address</u>
Address-1 _____	Address-1 _____
Address-2 _____	Address-2 _____
City, State, ZIP _____	City, State, ZIP _____
Telephone _____	Telephone _____
Facsimile _____	Facsimile _____
E-mail _____	E-mail _____

Section 2 – Identification of Ownership Information

As an attachment, identify and account for 100% of the ownership of the legal entity identified above. For each *person* so identified, provide the following: (1) full legal name, (2) date of birth, (3) mailing address, (4) telephone number, and (5) percentage of ownership or fraction thereof. For each *organization* so identified, provide the following: (1) full legal name of the entity, (2) federal employer identification number [FEIN], (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting of 100% of the ownership.

Section 3 – Prior Legal or Disciplinary History

With respect to the legal entity identified above, has any stockholder, partner, or officer:

- **EVER** been convicted of a felony in connection with controlled substances under any state or federal law?
 Yes No
- **EVER** surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?
 Yes No
- **EVER** had any professional license denied or disciplined by any licensing agency for any reason related to controlled substances?
 Yes No

* An affirmative reply to any of the questions in this Section requires two attachments: (a) your personal letter of explanation, and (b) copies of documents from the relevant court or government agency.

Section 4 – Classification of CDS License

Select the appropriate classification for your facility. Applications for initial licensure require a non-refundable fee as indicated below. There is no prorated application fee and the withdrawal of an application does not qualify for a return of an application fee. Please assure your payment is made payable to the Louisiana Board of Pharmacy.

- DIS – Distributor (**\$50**)
- HOS – Hospital (**\$50**)
- HTG – Hemp Facility (**\$20**)
- LAB – Laboratory (**\$20**)
- MFR – Manufacturer (**\$100**)
- ROF – Registered Outsourcing Facility (**\$100**)
- SAC – Substance Abuse Clinic (**\$50**)
- TPL – Third-Party Logistics Provider (**\$50**)
- WMC – Withdrawal Management Clinic (**\$50**)

The issuance of a fee-exempt license will require evidence of Louisiana state government ownership of the facility.

- CRX – Correctional Center (*Exempt*)
- HOX – Hospital (*Exempt*)
- LAX – Laboratory (*Exempt*)
- SAX – Substance Abuse Clinic (*Exempt*)

Section 5 – CDS Schedules Requested:

- Schedule I
- Schedule II *[includes II-N]*
- Schedule III *[includes III-N]*
- Schedule IV
- Schedule II-N *[non-narcotic only]*
- Schedule III-N *[non-narcotic only]*
- Schedule V

Section 6 – Legal Authority

- All license types, please identify which Louisiana agency issued the primary operating license/permit; provide the requested data, and attach a legible copy of that license/permit to this application.

Agency: _____ License No.: _____ Exp. Date: _____

- Please print the name of the medical director, provide the requested data, and obtain that practitioner's signature for this application. HOS, HOX, SAC, and SAX must complete these entries.

Practitioner: _____ License No.: _____

- In the absence of a medical director, please print the name of the Owner's Managing Officer (OMO), and obtain that person's signature for this application.

OMO: _____ Telephone No.: _____

Section 7 – Attestations & Signature

On behalf of the legal entity and facility identified above, I hereby make application for a license to manufacture, distribute, procure, and/or possess any controlled substances designated in the schedules identified above, in compliance with the Louisiana Uniform Controlled Substances as well as the relevant rules from the Board of Pharmacy.

I affirm that all of the information in this application and all of the required attachments is true and correct, and further, that the submission of a fraudulent application may result in the Board's denial of the application and refusal to issue the license, or if the license has already been issued, the suspension or revocation of the license.

Signature: _____ Date: _____

In compliance with Act 2019-256, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 et seq.



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Application Checklist

Our experience reveals a significant percentage of applications are returned for incomplete forms and missing attachments. Such events only serve to delay our processing of your application. We encourage your use of this checklist to ensure your application is complete on its delivery to our office.

Section 1 – Identification of Facility Owner

- Did you record the name of the legal entity that owns the facility?
- Did you record the FEIN for that legal entity and attach a copy of the IRS Form W-9?
- Did you record the business operating name of the facility?
- Did you provide a complete physical address? If you included a post office box, you must change it to the physical address of the practice site.
- Do you want mail received at the practice site? If not, did you provide a complete mailing address?

Section 2 – Identification of Ownership Information

- Did you include all of the data elements requested for both persons and organizations?
- The completed application will identify every natural person holding any ownership interest.

Section 3 – Prior Legal or Disciplinary History

- Did you answer all three questions? If not, we are obliged to return your application form.
- If you replied in the affirmative to any of the questions, did you include all of the requested documents with your application form?

Section 4 – Classification of CDS License

- Did you select a classification for your CDS license?
- Did you select a fee-exempt classification? If so, did you include documentation of state government ownership of the facility?

Section 5 – CDS Schedules Requested

- Did you select all of the schedules required to properly operate your facility?

Section 6 – Legal Authority

- Did you identify which agency issued your primary operating license or permit? If your application is still pending with that agency, please indicate 'pending' in the license number field.
- If issued, did you include a legible copy of that license with your application form?
- Did you identify the physician medical director, or in the alternative, the Owner's Managing Officer?

Section 7 – Attestations & Signature

- Did you sign and date the application form? If you used a stamp, or if someone else signed your form on your behalf, we are obliged to return your form.

Suggestions

- For payment of the application fee, we accept checks or money orders drawn on a bank located within the U.S. and payable in U.S. dollars to the Louisiana Board of Pharmacy. Is the payee designation correct? If a check, is it signed?
- We recommend you retain at least one copy of your application and attachments before placing the original documents in the mail to the Board office.
- If it is important to you to know when the Board received your application package, we recommend the mail tracing service (FedEx, UPS, USPS, etc.) of your choice. Due to the volume of mail we receive, we may not be able to respond timely to requests to verify receipt of your documents.