



Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700
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Application for Renewal of Louisiana Controlled Dangerous Substance License for Facilities

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 – Classification of CDS License

Select the appropriate classification for your facility. Applications for renewal require a non-refundable fee as indicated below. An additional \$10.00 fee is required for licenses expired over 30 days. 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.

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

Section 2 – Licensee Information

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

Louisiana CDS License No.: _____ Expiration Date: _____

DEA Registration No.: _____ Expiration Date: _____

Professional License No.: _____ Expiration Date: _____

Section 3 – Prior Legal or Disciplinary History

Since the last renewal of your CDS license, has any owner, partner, officer, or stockholder:

- Been convicted of a felony in connection with controlled substances under any state or federal law?
 Yes No
- Surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?
 Yes No
- 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 – Attestations & Signature

On behalf of the facility identified above, I request the renewal of our CDS license which reflects our authority to manufacture, distribute, procure, provide logistics services for, and/or possess controlled substances in compliance with the Louisiana Uniform Controlled Dangerous Substances Law as well as the relevant rules from the Board of Pharmacy.

Signature: _____ Date: _____