



# 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)



## Application for Reinstatement of Expired Pharmacist License

This form is also available electronically through your online services account at [www.pharmacy.la.gov](http://www.pharmacy.la.gov). Use of the electronic form is encouraged. Paper applications must be submitted by postal service to the address above with the required attachments and payments. Incomplete applications will be returned unprocessed.

### Section 1. Contact Information

Name: \_\_\_\_\_ PST License No.: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_ NABP eProfile No.: \_\_\_\_\_

*\* Required for official communications.\**

### Section 2. Continuing Pharmacy Education (CPE) Requirement

Your CPE Monitor transcript must reflect the acquisition of 15 hours, of which at least 3 hours were earned via live presentation, or 20 hours without live presentation, of pharmacist-specific ACPE-accredited CPE during the 12-month period preceding the date of this application. Board staff will verify that you have met CPE requirement upon receipt of your application.

### Section 3. Practice Information

When was the last date you practiced as a pharmacist? \_\_\_\_\_

What was the location of your practice on the date above? \_\_\_\_\_

What activities have occupied your time since your pharmacist license expired? (*family, school, work in another field, etc.?*)

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#### Section 4. Disciplinary History

Since the date you last renewed your Louisiana pharmacist license, have you been the subject of any of the following actions:

- ☐ Yes ☐ No A. Have you been issued a citation or summons, OR  
has a warrant been issued against you, OR  
have you been arrested, charged, arraigned, indicted, or convicted, OR  
have you pled guilty, no contest, nolo contendere, or any similar plea, OR  
have you been sentenced or pardoned  
for any criminal offense, including all misdemeanors and felonies, in any local, state,  
or federal jurisdiction?  
*NOTE: Traffic violations such as speeding or parking tickets do not need to be reported; however,  
DUI, DWI, or OWI events must be reported, regardless of final disposition.*
- ☐ Yes ☐ No B. Have you 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 and including restrictions associated  
with participation in confidential alternatives to disciplinary programs, OR  
Do you now have any disciplinary action pending against you by any state licensing  
agency **other than the Louisiana Board of Pharmacy**?
- ☐ Yes ☐ No C. Have you been named as a defendant in a civil/malpractice case relating to your  
practice of pharmacy, OR  
Has a medical review panel opinion been rendered relating to your practice of  
pharmacy, OR  
Have you been reported to the National Practitioner Data Bank, OR  
Have your clinical privileges been limited, restricted, suspended, or revoked?

**[NOTE: Subject to the exception noted in Item A above, an affirmative response to any question in this Section requires two attachments: (1) a letter of explanation from you describing the incident in your own words, as well as (2) a certified copy of the disciplinary or adverse action.]**

#### Section 5. Pharmacy Credentials From Other States

This application requires attachment of Form 033 ~ Professional Credentials Disclosure Form which is available at <https://www.pharmacy.la.gov/page/forms-pharmacists>. Please assure the form is complete with all required attachments.

#### Section 6. Fees

Upon receipt of this application, Board staff will calculate your total fees for reinstatement and add them to your account. You will receive an email advising when this is completed. Fees maybe paid through the Online Services Portal by selecting "Anytime Payment". Fees will be calculated as outlined below:

- \$100.00 renewal fee due **per year** not renewed prior to 2023.
- \$150.00 renewal fee due **per year** not renewed starting 2023.
- 50% penalty fee due **per year** not renewed.
- \$200.00 reinstatement fee. This fee is not per year.

Act 298 of the 2015 Legislature requires the Board to charge a 'pharmacy education support fee' of \$100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the publicly supported school of pharmacy.

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

☐ ***I decline to pay the pharmacy education support fee.***

### **Section 7. Additional Requirements**

Upon receipt of this application with required attachments and payment of fees, it will be determined whether or not you must meet with the Reinstatement Committee. If it is determined you must meet with the Reinstatement Committee, you will be notified in writing.

Please be aware, should you be required to meet with the Reinstatement Committee, an additional \$250.00 Administrative Hearing Fee may be imposed by the Committee at this meeting. Also, the committee will determine the conditions under which it will recommend to the Board the approval or denial of the reinstatement application. The committee's recommendation may include:

- successful completion of the Multistate Pharmacy Jurisprudence Examination (MPJE);
- additional supervised practical experience;
- additional continuing pharmacy education; or
- any other measures the committee may deem necessary.

### **Section 8. Attestation**

I attest to no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely practice pharmacy.

I attest that I am not currently diagnosed with or currently receiving treatment for a dependency on mood-altering substances, drugs, or alcohol that is unknown to the Louisiana Board of Pharmacy.

I attest that all of the answers provided to all of the questions and all of the information provided during this renewal process are true and accurate.

I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation.

I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of my license, or if the renewal has already been issued, then the suspension, revocation or other disciplinary action regarding of my license.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_