



Louisiana Board of Pharmacy

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



Application for Renewal of Louisiana Controlled Dangerous Substance (CDS) License for Researcher

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 – Fee

Applications for initial licensure, and renewal thereof, requires a non-refundable fee of \$30.00. An additional \$10.00 fee is required for CDS licenses that have been expired over 30 days. There is no prorated application fee and the subsequent withdrawal of an application does not qualify for a return of an application fee. Please assure your payment is made by check or money order payable to the Louisiana Board of Pharmacy.

Section 2 – Licensee Information

Name: _____
Last First Middle

Louisiana CDS License No.: _____ Expiration Date: _____

DEA Registration No.: _____ Expiration Date: _____

Practice Address

Mailing Address

Address-1 _____ Address-1 _____

Address-2 _____ Address-2 _____

City, State, ZIP _____ City, State, ZIP _____

Telephone _____ Telephone _____

Facsimile _____ Facsimile _____

E-mail _____ E-mail _____

Section 3 – Prior Actions Reporting

Since the last renewal of your CDS license:

Have you been convicted of a felony in connection with controlled substances under any state or federal law?

☐ Yes ☐ No

Have you surrendered a state or federal controlled substance registration OR has such a credential been suspended or revoked by any government agency?

☐ Yes ☐ No

Have you had any professional license disciplined by any licensing agency for any reason related to controlled substances?

☐ Yes ☐ No

An affirmative reply to any of these questions requires two attachments: your personal letter of explanation, as well as certified copies of documents from the relevant court or government agency.

Section 4 – Schedule Request

Please select the schedule(s) which you are requesting authorization for.

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

Section 5 – Employment Verification

One of the following verifications of employment is required as an attachment to this application:

- Verification from your employer university of current research and the need for controlled substance authority for the research. This must come from the department chair, be on university letterhead, and include a list of needed schedules.
- Louisiana Wildlife and Fisheries employees may upload verification from the employer verifying and explaining the need for controlled substance authority. The verification should also include a list of schedules needed.
- If you are not employed by either of the above, you may upload verification of employment from the director of your organization. The verification should identify your role within the organization as well as your need for controlled substance authority.

Section 6 – Research Description

6.1 Are you conducting animal research?

- ☐ Yes ☐ No

***** When the researcher is conducting animal research the following documentation is required: Approval from Institutional Animal Care and Use Committee (IACUC) for animal studies.**

6.2 Are you conducting human research?

- ☐ Yes ☐ No

***** When the researcher is conducting human research the following documentation is required: Institutional Review Board (IRB) approval for clinical studies which clearly delineates the drugs used.**

6.3 The issuance of a CDS license to a researcher, and the renewal thereof, shall require a description of the research conducted. Please attach this information in the format outlined below:

1.Researcher

- Name, address, and DEA registration number, if any
- Institutional (or company) affiliation

- Qualifications, including curriculum vitae with list of publications

2. Research Project

- Title of project
- Statement of purpose of research
- Name of controlled substances (CS) involved, amount (with justification) of each CS needed and source of CS
- Detailed description of procedures, including number and species of research subjects
- Dosage to be administered, route and method of administration, duration of project
- Location where research will be conducted
- Statement of security provisions for storing the CS (in accordance with 21 CFR 1301.75) and dispensing the CS in order to prevent diversion

Section 7 – Attestations

I hereby request the renewal of my CDS license, which reflects my authority to procure, possess, and/or prescribe controlled substances, in compliance with the Louisiana Uniform Controlled Substances Law as well as the relevant rules from the Board of Pharmacy. I understand the additional authority to dispense controlled substances shall require compliance with the relevant rules from my primary professional licensing agency.

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.