



# Louisiana Board of Pharmacy

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## Application for Renewal of Louisiana Controlled Dangerous Substance (CDS) License for Drug Detection Canine Handlers & Trainers

The electronic version of this form is available for electronic submission at [www.pharmacy.la.gov](http://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.

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 1 – Licensee Information

Name: \_\_\_\_\_  
Last First Middle

Louisiana CDS License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Section 2 – Research Description

The issuance of a CDS license to a drug detection canine trainer or handler, and the renewal thereof, requires the **attachment** to the application of a description of the policies and procedures for the use of controlled substances.

### Section 3 – Prior Actions Reporting

Since your last renewal, have you been convicted of a felony in connection with controlled substances under any state or federal law?

☐ Yes ☐ No

Since your last renewal, 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

Since your last renewal, 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 relevant court or government agency.**

### Section 4 – 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.*