



Louisiana Board of Pharmacy

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



Application for Renewal of CDS License for AMS (or AMX) for Year 2024-2025

Please select the appropriate classification for your pharmacy as indicated in the suffix of your CDS license number and note the associated application fee.

☐ CDS-AMS (\$25)

☐ CDS-AMX – (\$0)

Date and sign the completed form and then return it to the Board office at the address noted above. For payment of the fee, we accept checks or money orders drawn on any bank located within the U.S. payable in U.S. dollars to the Louisiana Board of Pharmacy. An incomplete application, including one without the required attachments, shall be returned to the applicant unprocessed. Any renewal application postmarked, or placed with a mail carrier after July 1 shall be subject to additional reinstatement fees and procedures.

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

Pharmacy Permit No.: _____

Expiration Date: _____

AMS Registration No.: _____

Expiration Date: _____

CDS-AMS (or AMX) License No.: _____

Expiration Date: _____

AMS DEA Registration No.: _____

Expiration Date: _____

Since the last renewal (or if this is the first renewal, since the issuance) of this CDS license, has any pharmacy employee:

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 disciplined by any licensing agency for any reason related to controlled substances?

☐ Yes

☐ No

[NOTE: 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.]

On behalf of the pharmacy owner identified above, I hereby request the renewal of our CDS license, which reflects our authority to procure, possess, dispense, or distribute any controlled substances designated in the schedules of the Louisiana Uniform Controlled Substances Law and in compliance with the relevant rules from the Board of Pharmacy. Further, we understand the distribution of controlled substances may be subject to the laws and rules of the Louisiana State Board of Wholesale Drug Distributors.

Printed Name of Pharmacist-in-Charge (PIC): _____

Signature of Pharmacist-in-Charge (PIC): _____

Date: _____