



Louisiana Board of Pharmacy

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



Application for Reinstatement of Expired Emergency Drug Kit (EDK) Permit

Directions:

1. Legibly print or type information requested.
2. PIC shall sign form
3. Return completed form and correct fee to Board office.

Please select the appropriate classification for your registration and note the associated application fee.

☐ EDK - (\$50 Renewal Fee + \$200 Reinstatement Fee = \$250)

☐ EDK-X – (\$200 Reinstatement Fee)

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.

Note: EDK permits are not transferable; if ownership of the provider pharmacy has changed, a new permit is required.

Pharmacy Name: _____ Pharmacy Permit No. PHY. _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

EDK Permit No.. _____ Facility LDH License No. _____

Name of Facility/Office Hosting EDK: _____

Facility Address: _____

City, State, ZIP: _____

As PIC of the provider pharmacy, I submit this application for the renewal of the identified EDK Permit. I agree the submission of any false information shall substantiate a violation of R.S. 37:1241(A)(2) and may result in the denial of this application, or if the renewal was already issued, the suspension or revocation of the registration.

Pharmacist-in-Charge (PIC): _____

Signature of Pharmacist-in-Charge (PIC)

Date