



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 Pharmacy Technician Certificate for 2025-2026 Special Application for Technicians on Active Duty in Military Service

Please complete, date and sign this application and then mail it to the Board office, at the address noted above, between May 1 and June 30. There is no fee due with this application. However, an incomplete application, including one without the required attachments, will be returned to the applicant. Any renewal application postmarked, or placed with a mail carrier after June 30 shall be subject to additional reinstatement fees and procedures.

Section 1. Contact Information

Name: _____ Certificate No.: CPT. _____-M

Email address: _____

[NOTE: If you need to update your contact information on file with the Board office, you may do so by logging into the Online Services Portal on our website or by attaching the updated information to this application.]

Section 2. Military Exemption

1. Are you currently serving on active duty in one of the following branches of the United States Armed Forces: Air Force, Army, Coast Guard, Marines, or Navy?

☐ Yes

☐ No

2. Please identify the military service with which you are currently affiliated:

☐ Air Force

☐ Army

☐ Coast Guard

☐ Marines

☐ Navy

[NOTE: In the event you are no longer serving on active duty, you no longer qualify for the military exemption. Stop here, then retrieve and complete Form No. 41 ~ Application for Renewal of Technician Certificate.]

Section 3. Disciplinary History

Since July 1 of last year (or at any time since your last renewal), have you been the subject of any of the following actions:

- 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 pharmacy technician or any other health care provider denied, suspended, revoked, placed on probation, reprimanded, warned, cited, fined, admonished,

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?

☐ Yes

☐ No

[NOTE: Subject to the exemption noted in 3-A, 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. Actions taken by the Louisiana Board of Pharmacy do not require an affirmative answer and do not require submission of Louisiana Board of Pharmacy Consent Orders or Board Orders.]

Section 4. Attestation

By my signature below, I agree with and attest to the following statements:

I am the person referred to in this application.

I have no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely assist in the practice of pharmacy.

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.

All of the answers provided to all of the questions and all of the information provided 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 credential 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 renew a credential, or if the credential has already been renewed, then the suspension, revocation, or other disciplinary action regarding my credential.

Signature: _____ Date: _____