



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 Automated Medication System (AMS) Registration For Year 2025-2026

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

☐ AMS (\$150)

☐ AMS-X – (\$0)

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

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 June 30 shall be subject to additional reinstatement fees and procedures.

Section 1: Pharmacy Information

Pharmacy Name: _____ Permit No. PHY. _____

Pharmacy Address: _____

Pharmacy City, State, ZIP: _____

Section 2: Hosting Facility Information

AMS Registration No. _____ Facility LDH License No. _____

Facility Name: _____

Facility Address: _____

City, State, ZIP: _____

Section 3: Pharmacist-in-Charge Attestation

As PIC of the provider pharmacy, I submit this application for the renewal of the identified AMS registration. 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.

Printed Name of Pharmacist-in-Charge (PIC)

Signature of Pharmacist-in-Charge (PIC)

Date