



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 Louisiana CDS License for Pharmacy for Year 2026

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above, between November 1 and December 31, 2025. An incomplete application, including one without the required attachments, will be returned to the applicant. An application hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2026 shall require reinstatement.

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

☐ PHY – Pharmacy (\$25)

☐ PHX – Fee-Exempt Pharmacy (\$0)

Section 1. Pharmacy Information

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

Pharmacy Permit No.: _____ LA CDS License No.: _____ DEA No.: _____

Section 2. Disciplinary History

Since the last renewal of your CDS license, has any owner, partner, officer, stockholder or employee:

Been convicted of, or pled guilty, no contest, or nolo contendere to a felony or misdemeanor in connection with controlled substances under any local, 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, **other than the Louisiana Board of Pharmacy**?

☐ Yes

☐ No

Had any professional license disciplined, sanctioned, restricted, or limited by any licensing agency, **other than the Louisiana Board of Pharmacy**, 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.]

Section 3. Attestation

On behalf of the pharmacy identified above, I submit this application for the renewal of our CDS license, which reflects our authority to procure, possess, dispense, or distribute any controlled substances designated in the schedules identified on our license, but only in compliance with the Louisiana Uniform Controlled Substances Law as well as 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 Board of Drug and Device Distributors.

Name of Pharmacist-in-Charge: _____ LA PST. _____

Pharmacist-in-Charge Signature : _____ Date: _____