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 Pharmacist Gold Certificate for Calendar 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.

Section 1. Licensee Information

Name: _____ License No.: _____

[**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. Fees

Act 298 of the 2015 Legislature requires the Board to charge a new 'pharmacy education support fee' of $100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the publicly supported school of pharmacy.

Pharmacist License Renewal Fee		$ 0
Pharmacy Education Support Fee		$100
	Total Due:	**$100**

In the event you wish to 'opt out' of paying the pharmacy education support fee, you must check the box next to the phrase below.

☐ ***I decline to pay the pharmacy education support fee. Total Due: $ 0***

Section 3. Continuing Pharmacy Education (CPE) Requirement

Which of the following selections best describes your compliance with the Board's rules for continuing pharmacy education as a requirement for the renewal of a pharmacist license?

☐ I certify that I have acquired a minimum of **15 hours, including 3 hours acquired by live presentation**, **or a minimum of 20 hours total**, of pharmacist-specific, ACPE-accredited, CPE during Calendar Year 2025, and further, that such records are available for audit by the Board at CPE Monitor®.

eProfile ID: _____

[**NOTE** :If your CPE cannot be verified at CPE Monitor®, your application will be returned unprocessed.]

☐ I am exempt from the CPE requirements this year because ***both*** of the following events occurred during Calendar Year 2025: I passed the NAPLEX test *and* I received my first pharmacist license and it was issued by the Louisiana Board of Pharmacy.

Section 4. Disclosures

During Calendar Year 2025 (or at any time since your last renewal):

☐ Yes ☐ No 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 or 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 or DWI events must be reported, regardless of final disposition.

☐ Yes ☐ No B. Have you had a professional license as a pharmacist or any other health care provider denied, revoked, suspended, placed on probation, reprimanded, warned, cited, fined, or otherwise sanctioned or restricted or limited, including voluntary surrender of license and including restrictions associated with participation in confidential alternatives to disciplinary programs by any state licensing agency **other than the Louisiana Board of Pharmacy?**

[**NOTE**: Subject to the exception noted in Item A above, an affirmative response to any question in this Section requires two attachments: a letter of explanation from you describing the incident in your own words, as well as a *certified copy* of the disciplinary or adverse action.]

Section 5. Attestations

I attest to no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely practice pharmacy.

I attest that 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.

I attest that all of the answers provided to all of the questions and all of the information provided during this renewal process 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 license 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 issue the renewal of my license, or if the renewal has already been issued, then the suspension or revocation of my license.

Signature: _____ Date: _____