



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 on Voluntary Inactive Status 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.

Section 1. Contact Information

Name: _____ PST 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	<u>\$100</u>
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. Attestations

I understand that a pharmacist license placed in VOLUNTARY INACTIVE status is not valid for practice in Louisiana.

I understand the procedure for converting an inactive license to active status requires an application for that purpose as well as a hearing with the Board's Reinstatement Committee. I understand that process requires an additional fee, and that the committee will determine under what conditions it will recommend the approval of my request to the Board, and that only the full Board is authorized to act on my request.

I certify 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: _____