



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 Military Pharmacist License 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. Contact Information

Name: _____ License No.: PST. _____ -M

[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

Please identify the branch of military service with which you are currently affiliated:

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

[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. 12 ~ Application for Renewal of Pharmacist License for Year 2026.]

Section 3. 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. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. The law also 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 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: _____