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 Non-Resident Pharmacy Permit 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. Permit Information

Pharmacy Name: _____ LA Permit No.: _____

Email Address: _____

** May be used for official communications. **

Resident Permit No.: _____ Resident Permit Expiration: _____

DEA No.: _____ DEA Expiration: _____

NABP eProfile No.: _____

To qualify for renewal of the permit, the Board requires a satisfactory inspection report dated within the two-year period prior to the date of this application. If that inspection report has not been reviewed by the Board office, staff will return this application to the pharmacy as incomplete.

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 state's publicly supported school of pharmacy.

Pharmacy Permit Renewal Fee		$200
Prescription Monitoring Program (PMP) Fee		$ 25
Pharmacy Education Support Fee		$100
	Total Due:	**$325**

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: $225***

Section 3. Compounded Preparations Survey

Please respond to all questions by selecting the box that is appropriate for this pharmacy.

Yes ☐ No ☐ We compound, dispense, and ship sterile preparation to LA.

Yes ☐ No ☐ We compound, dispense, and ship non-sterile preparation to LA.

Yes ☐ No ☐ We compound, dispense, and ship products using hazardous drugs (HDs) to LA.

Yes ☐ No ☐ We dispense and ship non-compounded prescriptions to LA.

Yes ☐ No ☐ We are an FDA-registered outsourcing facility; we ship sterile office-use products to LA.

Yes ☐ No ☐ We are an FDA-registered outsourcing facility; we ship sterile prescriptions to LA.

Section 4. Disciplinary History

☐ Yes ☐ No During Calendar Year 2025 (or at any time since the last renewal), has the Pharmacy:
(1) had an application for a permit in any state or federal jurisdiction that was refused or denied, *OR*
(2) had a permit that was revoked, suspended, placed on probation, reprimanded, warned, cited, fined, or otherwise disciplined, sanctioned, restricted, or limited, including a voluntary surrender of a license, by any state licensing agency **other than the Louisiana Board of Pharmacy** *OR*
(3) been reported to the National Practitioner Data Bank, by any state licensing agency **other than the Louisiana Board of Pharmacy** *OR*
(4) been named as a defendant in a civil/malpractice case relating to the practice of pharmacy, *OR*
(5) been the subject of a medical review panel opinion rendered relating to the practice of pharmacy?

*[**NOTE**: An affirmative response to this question 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

We acknowledge the authority of the Louisiana Board of Pharmacy, or its agent, to inspect our pharmacy for compliance with Louisiana pharmacy laws and rules, and further, we consent to such inspections during our regular hours of operation, and further, we acknowledge our responsibility to reimburse the Board's expenses for such inspections separate and apart from the annual renewal fee for the pharmacy permit.

Through my signature below, I certify I am the Pharmacist-in-Charge (P-I-C) and 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. Further, I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a permit by fraud or misrepresentation. Finally, 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 the permit, or if the renewal has already been issued, then the suspension or revocation of the permit.

Name of P-I-C of LA permit: _____ LA PST._____

Signature of P-I-C of LA permit: _____

Date of Signature: _____