



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov



Application for Reinstatement of Pharmacy Technician Certificate

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above. The total fee due with this application is **\$290**. An incomplete application, including one without the required attachments, will be returned to the applicant. During the consideration of your application, it may be necessary for you to personally appear before the Board's Reinstatement Committee; if you are noticed for such a hearing, an additional \$250 administrative hearing fee will be required.

Section 1. Contact Information

Name: _____ Certificate No.: CPT. _____
Mailing Address: _____
City, State, ZIP: _____ Telephone: _____
E-mail address: _____ NABP eProfile No.: _____
** Used for official communications. **

Section 2. Continuing Pharmacy Education (CPE) Requirement

Please attach a copy of your CPE Monitor transcript reflecting the acquisition of at least 10 hours of pharmacy technician-specific ACPE-accredited CPE during the 12-month period preceding the date of this application.

Section 3. Most Recent Practice Information

When was the last date you practiced as a pharmacy technician? _____

What was the location of your practice on the date above? _____

What activities have occupied your time since your technician certificate expired? (*family, school, work in another field, etc.?*)

Section 4. Pharmacy Credentials From Other States

This application requires attachment of Form 033 ~ Professional Credentials Disclosure Form which is available at <https://www.pharmacy.la.gov/page/forms-technicians>. Please assure the form is complete with all required attachments.

Section 5. Disciplinary History

Since the date you last renewed your Louisiana pharmacy technician certificate, have you been the subject of any of the following actions?:

- ☐ 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 for 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,
DWI, or OWI events must be reported, regardless of final disposition.*
- ☐ Yes ☐ No B. Have you had a professional license as a pharmacy technician or any other health
care provider denied, suspended, revoked, 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?
- ☐ Yes ☐ No C. Have you been named as a defendant in a civil/malpractice case relating to your
practice of pharmacy, OR
Has a medical review panel opinion been rendered relating to your practice of
pharmacy, OR
Have you been reported to the National Practitioner Data Bank, OR
Have your clinical privileges been limited, restricted, suspended, or revoked?

[NOTE: Subject to the exemption noted in 4-A, an affirmative response to any question in this Section requires two attachments: (1) a letter of explanation from you describing the incident in your own words, as well as (2) a certified copy of the disciplinary or adverse action.]

Section 6. Attestations

By my signature below, I agree with and attest to the following statements:

I am the person referred to in this application.

I have no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely assist in the practice of pharmacy.

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.

All of the answers provided to all of the questions and all of the information provided 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 credential 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 reinstate a credential, or if the credential has already been reinstated, then the suspension, revocation, or other disciplinary action regarding my credential.

Signature: _____ **Date:** _____