



Louisiana Board of Pharmacy

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



Application for New Emergency Drug Kit (EDK) Permit

Note:

- After completing the form, the pharmacist-in-charge (PIC) of the provider pharmacy as well as the administrator of the facility hosting the EDK shall sign the application form.
- The fee due with this application is **\$50.00**; we will accept checks or money orders drawn on any bank located within the U.S. payable in US dollars to the Louisiana Board of Pharmacy.
- Regardless of the date of issue, all EDK permits expire on June 30 of every year.

Section 1. Reason for Application (select one)

- ☐ New Facility ☐ Relocation Existing Facility ☐ Ownership Transfer Existing Facility
☐ Additional EDK at Existing Facility ☐ Change in Provider Pharmacy

Section 2. Information for Provider Pharmacy

Pharmacy Name: _____ Permit No.: PHY. _____

Address: _____

City, State, ZIP: _____

PIC Name: _____ PIC License No. : PST. _____

This person shall sign the application form.

Section 3. Information for Facility hosting the EDK

Legal Name of Owner of Facility: _____

Facility Name: _____ LDH License No. _____

Attach copy of LDH License.

Physical Address: _____

City, State, ZIP: _____ Telephone: _____

Mailing Address: _____

City, State, ZIP: _____ Telephone: _____

Facility Administrator Name: _____

This person shall sign the application form.

Telephone: _____ Email address: _____

We, the undersigned parties, submit this application for the purpose of obtaining an Emergency Drug Kit (EDK), which will authorize the provider pharmacy to place a limited portion of its drug inventory in the EDK to be housed within the facility identified herein. We agree to comply with the Board's rules for emergency drug kits.

Signature of Facility Administrator: _____ Date: _____

Signature of Pharmacy PIC: _____ Date: _____