



Louisiana Board of Pharmacy

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



Facility Ownership Reporting Outline

A new application shall be filed and a new permit or license obtained when a change in the identity of the natural person, partnership, or business entity which directly holds the permit or license has occurred or there is a change in the person or entity's Federal Employer Identification Number (FEIN).

- **DBA (Doing Business As)** – This is the name which the business is known to the public. The DBA may be any name you choose. Although you may use the same name for your DBA as the legal entity, the DBA is not the legal entity itself. An application for new permit or license is not required for changes to the DBA. These changes may be submitted by selecting “Name Change” within the online services portal.
- **Direct Owner** – This is the legal entity or natural individuals that holds direct ownership of the PHY, CDS licensee, DME, or PBM. Changes at this level require an application for new permit. An application for new permit will also be required when this legal entity obtains a new FEIN. You may file an application by creating a new facility account through the board's online services portal. Further information regarding the application process can be found by visiting <https://www.pharmacy.la.gov/page/application-process-transparency>.
- **First Indirect Owner** – This is the legal entity or natural individuals that hold ownership of the direct owner. Any change in the first indirect level of ownership of 20 percent or more must be reported to the board within 30 days of the change. You may report these changes by uploading this form using the Online Services Portal available on our website. An application for new permit is not required for changes at or above this level of ownership.

The new owner shall submit an application to the board office at least 15 days before closing the transfer of ownership interests of said business.

The continued operation subsequent to a change of ownership, without submission of an application to the board office, may substantiate a violation of Board laws and rules.



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Facility Ownership Disclosure Form

Section 1.0 – Introduction

This form is to be used as a supplement to all applications for new Louisiana pharmacy permit, durable medical equipment permit, CDS license for a facility, and pharmacy benefit manager permit.

In addition, this form may be used to report ownership changes at the first indirect level, not requiring a new permit.

Section 2.0 – Direct Owner Information

Legal Name of Owner: _____

Type of Organization: Individual Partnership Corporation LLC Government

Physical Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

FEIN: _____

Attach a copy of either the IRS assignment letter or a signed W-9 form.

Section 2.2 – Direct Owner Denials

Has this person or firm ever been denied a permit or license in any jurisdiction? Yes No

Section 2.3 – Direct Owner Pharmacies

CDS license holders and applicants, other than CDS-PHY, may advance to Section 3.0 without completion of this section.

Does this firm currently own any other pharmacy? Yes No

If the owner identified here owns any other pharmacy in any state which has been the subject to significant disciplinary action, please attach an itemized listing of all such pharmacies. Significant disciplinary action includes

- (1) denial of an initial permit or renewal thereof,
- (2) probation or other restriction,
- (3) suspension, and
- (4) revocation.

For each such pharmacy listed, please provide the name and physical address of the pharmacy as well as the permit number. Please provide a copy of the board, agency, or court decision document for each significant disciplinary action.

Section 3.0 – First Level Indirect Ownership: Persons

Identify and account for 100% of the ownership of the legal entity identified as the direct owner. A separate form is required for each person holding ownership interest in the direct owner. If the first level indirect ownership does not include natural persons, please skip to Section 4.0.

Disclosure of SSN and DOB is waived for those holding less than 5% ownership. All others must report all information.

Name: _____, _____, _____
Last First Middle

Percentage of Ownership: _____ Date of Birth: _____

Social Security Number: _____ ***** Please attach legible copy of SSN card.**

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

Section 3.1 – First Level Indirect Ownership: Persons Prior Actions

Individuals holding **20% or more of ownership interest** at the first indirect level are required to complete this section.

1. Yes No Have you **ever** been issued any of the following:

- A citation or summons, *and/or*
- Has/have warrant(s) been issued against you, *and/or*
- Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
- Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, *and/or*
- Been sentenced or pardoned, for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes” and provide certified copies of the decision documents along with your personal letter of explanation.

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.

2. Yes No Have you had a professional license as a pharmacist or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

Applicants for new permit: La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this form, the Board will determine if you need to complete a criminal history record check with Louisiana State Police and the Federal Bureau of Investigation and provide materials necessary when needed.

Section 4.0 – First Level Indirect Ownership: Organizations

Identify and account for 100% of the ownership of the legal entity identified as the direct owner. A separate form is required for each organization holding ownership interest in the direct owner. If the first level indirect ownership does not include organizations, this portion of the form may remain blank.

Legal Name of Permit Owner: _____

Type of Organization: Individual Partnership Corporation LLC Government

Telephone: _____ Facsimile: _____ Email: _____

Mailing Address: _____

City, State, ZIP: _____

FEIN: _____ *Attach a copy of either the IRS assignment letter or a signed W-9 form.*

Percentage of Ownership: _____

Section 5.0 – Attestations

I hereby make this submission to the Louisiana Board of Pharmacy as factual information serving in the capacity of Pharmacist-in-Charge and/or Owner's Managing Officer of the applicant or licensee indicated within the form.

Signature _____ Date _____

In compliance with Act 2019-256, the Board gives public notice that any information submitted to the Board may become public record unless specifically exempted by the Public Records Law, R.S. 44:1 et seq.