



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 Compounded Sterile Preparations Permit

For expedited submission of this request, please consider using the electronic version available through the Online Services Portal. Complete, date, and sign this application; send with payment of **\$300.00**, payable to "Louisiana Board of Pharmacy", to address noted above.

Section 1. Sterile Compounded Preparations Pharmacy Information

Pharmacy Name: _____ Permit No.: _____

Email Address: _____

Section 2. Compounded Preparations Survey

Please respond to all questions by selecting the box that is appropriate for this pharmacy and filling in the blank if applicable.

Yes ☐ No ☐ We compound **sterile** preparations, and we limit our dispensing to **Louisiana only**.

Yes ☐ No ☐ We compound **non-sterile** preparations, and we limit our dispensing to **Louisiana only**.

Yes ☐ No ☐ We compound **sterile** preparations. We ship these to clients in **other states**.

Yes ☐ No ☐ We compound **non-sterile** preparations, and we ship these to clients in **other states**.

Yes ☐ No ☐ We dispense and ship **non-compounded** medications to clients in **other states**.

Yes ☐ No ☐ We are an **outsourcing facility**, as designated and registered with the federal FDA.

Yes ☐ No ☐ We hold pharmacy permits in **other states**; if so, how many? _____

Section 3. Attestation

I understand, that this application cannot be used to renew my pharmacy permit or controlled dangerous substance license. I further understand, I must obtain and submit the separate renewal applications and fees for each from our website. The renewal of the Compounded Sterile Preparation Permit will not be completed until the pharmacy permit is renewed.

Through my signature below, I certify 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 Pharmacist-in-Charge: _____ LA PST. _____

Signature of Pharmacist-in-Charge: _____

Date: _____