



# Louisiana Board of Pharmacy

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



## Application for Reinstatement of Expired Louisiana Pharmacy Permit

Completed paper applications should be mailed to the Board office at the address above with required attachments. To expedite the submission of this application, please consider using the electronic version available through the online services portal.

### Section 1. Permit Information

Pharmacy Name: \_\_\_\_\_ LA Permit No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\* Used for official communications. \**

Resident Permit No.: \_\_\_\_\_ Resident Permit Expiration: \_\_\_\_\_

DEA No.: \_\_\_\_\_ DEA Expiration: \_\_\_\_\_

NABP eProfile No.: \_\_\_\_\_

### 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, dispense, and ship sterile preparation to LA.  
Yes ☐ No ☐ We compound, dispense, and ship non-sterile preparation 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 3. Disciplinary History

☐ Yes ☐ No 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(2) had a permit that was revoked, suspended, placed on probation, reprimanded, warned, cited, fined, or otherwise disciplined, sanctioned, restricted, or limited, including a voluntary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, *OR*  
(3) have any disciplinary action pending against it by any state licensing agency other than the Louisiana Board of Pharmacy, *OR*  
(4) been reported to the National Practitioner Data Bank, *OR*  
(5) been named as a defendant in a civil/malpractice case relating to the practice of pharmacy, *OR*  
(6) 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 4. Dispensing History

- ☐ Yes      ☐ No      Has this pharmacy dispensed any prescription drugs or devices to Louisiana patients since the expiration of the Louisiana pharmacy permit?

#### Section 5. 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
Pharmacy Permit Late Renewal Penalty Fee	\$100
Pharmacy Permit Reinstatement	\$200
Prescription Monitoring Program (PMP) Fee	\$ 25
Pharmacy Education Support Fee	<u>\$100</u>
<b>Total Due:</b>	<b>\$625</b>

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: \$525*

#### Section 6. Additional Requirements

Upon receipt of this application with required attachments and payment of fees, it will be determined whether or not you must meet with the Reinstatement Committee. If it is determined you must meet with the Reinstatement Committee, you will be notified in writing. Please be aware, should you be required to meet with the Reinstatement Committee, an additional \$250.00 Administrative Hearing Fee may be imposed by the Committee at this meeting. Also, the committee will determine the conditions under which it will recommend to the Board the approval or denial of the reinstatement application.

#### Section 7. 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 Louisiana licensed Pharmacist-in-Charge (PIC) 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.

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.

Printed LA PIC Name: \_\_\_\_\_ LA PST. \_\_\_\_\_

Signature of LA PIC: \_\_\_\_\_ Date: \_\_\_\_\_