

Fees

PHY-TM - New Application Fee	\$500.00
Administrative Hearing Fee	\$250.00
	Total
Fees:	\$750.00

PHY-TM.Process**Notice of Intent to Award Therapeutic Marijuana Pharmacy Permit.**

The Board invites interested parties to submit an Application for Therapeutic Marijuana Pharmacy Permit. Separate application forms are required for each physical address. In compliance with §2445 of the Board's rules, the following information is provided to all applicants:

A maximum of one permit is to be awarded pursuant to this Solicitation.

This application can be viewed prior to completion and submission by visiting www.pharmacy.la.gov and clicking on Facilities, Therapeutic Marijuana Pharmacies, Solicitation 2, then View Application for Therapeutic Marijuana Pharmacy.

The deadline for the receipt of applications in response to this solicitation is 12:00 Midnight on Sunday, September 4, 2022.

Applicants will be given notice of the time, place and date of their meeting with the Application Review Committee, during which time they will be interviewed by the committee members.

At the conclusion of their interviews and deliberations, the members of the Application Review Committee will determine their committee's recommendation to the full Board.

Following the meeting of the Application Review Committee, the applicants will be notified of the committee's recommendation.

The applicants will be given notice of the time, date and place of the Special Board Meeting during which the Application Review Committee will present its recommendations for the Board's consideration.

The Board reserves the right to require additional information from the applicant during their consideration of the applications at the Special Board Meeting.

The Board will notify the successful applicant of their award.

The Board's Rule requires the successful applicant to commence operation of the therapeutic marijuana pharmacy no later than 310 days following notice of the award.

PHY-TM.RegionSolicited**Number and Distribution of Therapeutic Marijuana Pharmacy Permits:**

Legislation has placed a limit on the number of therapeutic marijuana pharmacy permits, such that no more than ten primary permits may be active at the same time. To implement the legislative mandate for an equitable geographic distribution of those therapeutic marijuana pharmacies across the state, the Board recognizes the nine regions of the state established by the Louisiana Department of Health, allocating one therapeutic marijuana pharmacy permit to each region. At this time, all nine regions have active therapeutic marijuana pharmacy permits.

As mandated by the Louisiana Legislature, the Board shall award one additional permit to the region with the highest population density as of August 1, 2022 through a competitive process. This solicitation invites applications for therapeutic marijuana pharmacy permit for LDH Region 1 consisting of Jefferson, Orleans, Plaquemines, and St. Bernard parishes.

PHY-TM.Disqualifications

The board may disqualify any applicant who:

- submits an incomplete, false, inaccurate, or misleading application
- fails to submit an application by the published deadline
- fails to pay all applicable fees.

In the event any person holding any ownership interest in the entity submitting an application for a therapeutic marijuana pharmacy permit has engaged in any of the following activities, the entity shall be disqualified and the board shall not issue a therapeutic marijuana pharmacy permit to that applicant:

- within the two year period preceding the date of the application, the person or any member of the person's immediate family served as a member of the board or its staff.

PHY-TM.Fee

The Application for Therapeutic Marijuana Pharmacy Permit shall be accompanied by payment of the application fee (\$500.00) and administrative hearing fee (\$250.00) authorized by LAC, Title 46: LIII §115. These fees, totaling \$750.00, are to be paid upon completion of the application by selecting "Pay Invoice". Your application will not submit to the Board office until the fee has been paid. All application fees and the administrative hearing fee are nonrefundable.

The applicant ultimately awarded the Therapeutic Marijuana Pharmacy Permit will be required to file an Application for Louisiana Controlled Dangerous Substance License with the required \$25.00 fee. Further, payment of the Prescription Monitoring Program fee of \$25.00 will be due.

PHY-TM.CBC**Criminal Background Check Requirements:**

The following persons must submit to a Criminal Background Check (CBC) as authorized by La. R.S. 37:1182(A)(22):

- Any person holding any ownership interest in the legal entity applying for the therapeutic marijuana pharmacy permit;
- The Owner's Managing Officer as identified by the applicant;
- The Pharmacist-in-Charge as identified by the applicant; and
- Any other person who may have control or influence over the operation of the proposed therapeutic marijuana pharmacy.

On receipt and preliminary review of the application, the Board staff will provide to the applicant an appropriate number of CBC packets necessary to accomplish the checks for the persons identified in the application.

Since the CBC packet contains information for the fee payable to Louisiana State Police (LSP) as well as the routing of the LSP report to the Board, applicants must first obtain the CBC packet from the Board before visiting a local law enforcement agency. The applicant may visit their local law enforcement agency office to have their fingerprints applied to the fingerprint cards, or in the alternative, may have their fingerprints electronically scanned at the Louisiana State Police (LSP) Headquarters located at 7919 Independence Avenue in Baton Rouge, Louisiana 70806.

Although it is not required, we strongly recommend the applicant have their fingerprints electronically scanned at LSP. It is our experience that prints scanned by LSP are processed in approximately half the time required to process mailed prints.

Previous CBC reports provided to the Board may be used for this purpose provided that the CBC report shall be dated within the two-year period prior to the date of the application for the therapeutic marijuana pharmacy permit.

The law authorizing the Board to require criminal background checks requires the Board to use the LSP, and further, prohibits the Board's use of similar checks performed for or by other organizations.

PHY-TM.ConfidentialInformation

Pursuant to the Louisiana Public Records Act at La. R.S. 44:1 et seq., all proceedings, records, contracts, and other public documents relating to an application shall be open to public inspection.

Only information which is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within an application identified as such shall be clearly marked at the time of submission and will be treated in accordance with the Louisiana Public Records Act.

Any application copyrighted or marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse. The applicant shall mark the cover each uploaded file with the following legend, specifying the specific section(s) of the application sought to be restricted in accordance with the conditions of the legend:

"The data contained in pages ____ of the this file have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a Therapeutic Marijuana Pharmacy Permit is issued to the applicant as a result of or in connection with the submission of this application, the Board shall have the right to use or disclose the data therein to the extent provided in the application. This restriction shall not limit the Board's right to use or disclose data obtained from any source, including the applicant, without restrictions."

Further, to protect such data, each page containing such data shall be specifically identified and marked as "CONFIDENTIAL". The applicant shall be prepared to defend the reason(s) why the material should be held confidential. Additionally, any application that fails to follow this designation requirement and/or La. R.S. 44:3(D)(1) shall have failed to properly assert the designation of trade secrets and/or privileged or confidential proprietary information and such information may be considered public record.

The Board makes no warranty or guarantee as to any ability to maintain the confidentiality or privacy of any material or documents provided by an applicant in response to the application's requirements, regardless of any language accompanying the material or documents.

PHY-TM.Ownership

1. Enter the legal name of the permit owner.

Question not answered

2. Select the type of organization the pharmacy is owned by.

Question not answered

3. The Board shall consider the status of an applicant as a minority, woman, or veteran-owned business as a primary factor in awarding a permit in accordance with LA.R.S.:40.X-E.1046.G.1 .

If the ownership of this proposed pharmacy qualifies for any of these primary factors, please provide a description of such below:

Question not answered

4. Enter the full physical address of the pharmacy owner including street address, city, state, and zip.

Question not answered

5. Enter the full mailing address for the pharmacy owner including street address, city, state, and zip.

Question not answered

6. Enter the full telephone number for the pharmacy owner.

Question not answered

7. Enter the pharmacy owner's email address.

Question not answered

8. Enter the US Internal Revenue Federal Employer Identification Number (FEIN) for the applicant below.

Question not answered

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

10. Has this person or firm ever been denied a pharmacy permit in any jurisdiction?

Question not answered

11. Does this firm currently own any other pharmacy?

Question not answered

12. If the applicant identified here, or any person or firm holding an ownership interest in the applicant, owns any other pharmacy in any state, please attach an itemized listing of all such pharmacies. For each such pharmacy listed, please provide the name and physical address of the pharmacy, the permit number of that pharmacy, and whether or not that pharmacy has ever been sanctioned, disciplined, restricted, or limited by any state board of pharmacy or by any local, state, or federal government agency or by any local, state, or federal court. In the event of any such action, or a denial of an application for a pharmacy permit in any jurisdiction, please provide a copy of the board, agency, or court decision document.

Your file should be clearly named using the PharmacyName.YYYY.MMDD.OtherPharmacies

13. Please upload a document to identify and account for 100% of the ownership of the legal entity identified above.

For each person so identified, please upload documentation of the following: (1) full legal name, (2) date of birth, (3) Social Security Number, (4) mailing address, (5) telephone number, and (6) percentage of ownership or fraction thereof. Further, in the event any owner holds, or has ever held, a professional license or other credential issued by any state government agency, please provide a legible copy of the credential [or website verification thereof] and indicate whether or not the credential has ever been sanctioned or disciplined by any state licensing agency, or by any local, state, or federal government agency, or by any local, state, or federal court. In the event of any sanction or discipline, or if an application for such a credential has ever been denied in any jurisdiction, please provide a copy of the board, agency, or court decision document.

Finally, please alert any person holding any ownership interest, as well as any corporate officer, to expect a request and appropriate materials for a criminal background check from this office. We are unable to accept or rely on similar checks performed by other entities. In the event that any individual has 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 you must upload certified copies of the decision documents along with owners personal letter of explanation.

For each organization so identified, please attach documentation of the following: (1) full legal name, (2) Federal Employer Identification Number, (3) mailing address, (4) telephone number, (5) percentage of ownership or fraction thereof, and (6) an accounting for 100% of the ownership of the organization.

Where there are multiple levels, please provide an organizational chart clearly identifying the relationships with all required data fields.

Your file should be clearly named using the PharmacyName.YYYY.MMDD.Ownership.

PHY-TM.DesignatedContact

Below you will identify the Applicant's Designated Contact Person. This person will be the primary contact during the application process.

14. Enter the name of the designated contact person for the application.

Question not answered

15. Please enter the full mailing address, including city, state, and zip of the designated contact person.

Question not answered

16. Enter the telephone number of the designated contact person.

Question not answered

17. Enter the email address of the designated contact person. This email address will be used for all communications during the application process. After issuance, the email address you later provide for the pharmacy will be used. You may use the same email in both entries.

Question not answered

PHY-TM.PharmacyInformation

The questions below are in regards to the pharmacy.

18. Enter the date of the anticipated opening if approved.

Question not answered

19. Enter the trade name (d/b/a) of the pharmacy.

Question not answered

20. Enter the physical address of the proposed pharmacy. As a reminder, the Board cannot permit more than one pharmacy at the same physical address. If your pharmacy shares the same physical address as another permitted pharmacy, the separate spaces must be identified by a floor or suite number.

Question not answered

21. Please provide the mailing address of the pharmacy.

Question not answered

22. Enter the telephone number of the pharmacy.

Question not answered

23. Enter the fax number for the pharmacy.

Question not answered

24. Enter the email address for the pharmacy. This email address will be used for official communications. Further, this email address will be the email address associated with the pharmacies online portal account.

Question not answered

PHY-TM.SupplementalInformation&Records

25. Upload a detailed description of any other services or products to be offered by the therapeutic marijuana pharmacy. Your file should be clearly named using the PharmacyName.YYYY.MMDD.Services.

26. Upload details regarding the applicant's plans to maintain adequate control against the diversion, theft, or loss of marijuana. Your file should be clearly named using the PharmacyName.YYYY.MMDD.DiversionPrevention.

27. Upload documents or information sufficient to establish the applicant is authorized to conduct business in Louisiana and that all applicable state and local building, fire and zoning requirements, and local ordinances will be met. Your file should be clearly named using PharmacyName.YYYY.MMDD.AuthorizedBusiness.

28. Text and graphic materials showing the exterior appearance of the proposed therapeutic marijuana pharmacy and its site compatibility with commercial or residential structures already constructed or under construction within the immediate neighborhood. Your file should be clearly named using PharmacyName.YYYY.MMDD.Exterior.

29. Upload A blueprint of the proposed therapeutic marijuana pharmacy which shall, at a minimum, show and identify:

- i. The square footage of the area which will constitute the prescription department;
- ii. The square footage of the overall therapeutic marijuana pharmacy;
- iii. The square footage and location of areas used as storerooms or stockrooms;
- iv. The size of the counter that will be used for the dispensing and sale of marijuana;
- v. The location of the therapeutic marijuana pharmacy sink and refrigerator, if any;
- vi. The location of all approved safes and vaults that will be used to store marijuana;
- vii. The location of the toilet facilities;
- viii. The location of the break room and location of lockers for personal belongings;
- ix. The location and size of the patient counseling area(s);
- x. The location(s) where any other products or services will be offered; and
- xi. The location of all areas that may contain marijuana showing the location of walls, partitions, counters, and all areas of ingress and egress.

Your file should be clearly named using PharmacyName.YYYY.MMDD.Blueprint.

30. Upload documentation of applicant's financial capacity to properly operate a therapeutic marijuana pharmacy, in the form of an escrow account, letter of credit, or surety bond in an amount not less than \$100,000 with a financial institution headquartered in Louisiana and payable to the Louisiana Board of Pharmacy. Your file should be clearly named using PharmacyName.YYYY.MMDD.Financial.

PHY-TM.Evaluation

During the hearing held by the board's Application Review Committee, the members shall consider, but are not limited to, the following criteria when evaluating an application for a therapeutic marijuana pharmacy permit. Submission of these documents is not required for completion of the application. You may submit the documents of your choice and how little or how much you would like to have evaluated. Should you submit your application without these documents, it will be assumed that you intend for the committee to evaluate your application without them.

31. The character and fitness of the Owner's Managing Officer, the Pharmacist - In - Charge, any of the owners and any other person who may have control or influence over the operation of the proposed pharmacy.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_A.

32. The location for the proposed therapeutic marijuana pharmacy including, but not limited to:

- i. its proximity to previously approved therapeutic marijuana pharmacies or locations of proposed marijuana pharmacies with pending applications;
- ii. whether the patient population in the area proposed by the therapeutic marijuana pharmacy permit applicant justifies the need for a therapeutic marijuana pharmacy, or an additional therapeutic marijuana pharmacy, in that area;
- iii. whether the proximity of the proposed therapeutic marijuana pharmacy will have a detrimental effect upon any place used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment; or
- iv. whether the number of therapeutic marijuana pharmacies in the locality is such that the granting of a permit is detrimental to the public interest. In reaching a conclusion in this respect, the board may consider the population of, the number of like permits and number of all permits existent in, the particular municipality and the immediate neighborhood concerned, the effect that a new permit may have on such town or neighborhood or on like permits existent in such municipality or neighborhood.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_B.

33. The applicant's ability to maintain adequate control against the diversion, theft and loss of marijuana.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_C.

34. The applicant's ability to maintain the knowledge, understanding, judgment, procedures, security controls and ethics to ensure optimal safety and accuracy in the dispensing and sale of marijuana.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_D.

35. The extent to which the applicant or any of the applicant's owners have a financial interest in any other permittee, licensee, registrant, or other applicant currently or previously credentialed by the board.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_E.

36. Any other reason provided by any federal law or rule or state law or rule that is not inconsistent with R.S. 40:1046 or 40:1047.

You may now upload any documents you would like to be considered for this criteria. Your file should be clearly named using PharmacyName.YYYY.MMDD.Criteria_F.

PHY-TM.OwnersManagingOfficer

The individual identified in this section shall be the person authorized by the owner(s) to act on their behalf and shall be responsible to the Board for proper operation in compliance with all laws and regulations

37. Enter the name of the Owner's Managing Officer.

Question not answered

38. Enter the date of birth of the Owner's Managing Officer.

Question not answered

39. Enter the SSN of the Owner's Managing Officer.

Question not answered

40. Enter the title / position of the Owner's Managing Officer.

Question not answered

41. Enter the mailing address including city, state, and zip of the Owner's Managing Officer.

Question not answered

42. Enter the telephone number of the Owner's Managing Officer.

Question not answered

43. Enter the facsimile number of the Owner's Managing Officer.

Question not answered

44. Enter the email address of the Owner's Managing Officer.

Question not answered

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 properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the registration, or if the registration has already been issued, then the suspension or revocation of that registration.

45. 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 if 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".

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.

Note: An affirmative answer will require that you upload certified copies of the final disposition along with your personal letter of explanation later in the application.

Question not answered

46. Have you ever had a professional license 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, and/or

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as certified copies of all related documents from the agency.

Question not answered

47. Have you been discharged from the military on ground(s) other than an honorable discharge?

Note: In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of the discharge and documentation of the underlying action(s) resulting in the discharge.

Question not answered

48. Have you been reported to the National Practitioner Data Bank (NPDB)?

Note: In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the report from the NPDB.

Question not answered

49. Have you filed an application for a credential in another state or jurisdiction but were denied or refused?

Note: In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the decision document.

Question not answered

50. Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as copies of any and all treatment records and discharge summaries.

Question not answered

51. Upload any documents required based on an affirmative reply to any of the previous questions. Each question notes the required documents.

PHY-TM.PIC

This section of the application is in regards to the Pharmacist in Charge (PIC).

Each pharmacy shall designate a Pharmacist in Charge (PIC). No person may accept an appointment as the PIC of a Louisiana pharmacy permit until the Board has received his properly executed Affidavit of Acknowledgment and Acceptance of Responsibility of Pharmacist-in-Charge, a blank copy of which is accessible on the Board's website.

52. Enter the full name of the PIC here.

Question not answered

53. Enter the Louisiana pharmacist license number for the PIC.

Question not answered

54. Do you currently serve as the PIC of any other Louisiana pharmacy permit? If so, provide the permit number below. If not, place NA in the space below.

Question not answered

55. Enter the mailing address for the PIC. Include City, state, and zip code.

Question not answered

56. Enter the telephone number for the PIC.

Question not answered

57. Enter the email address for the PIC. This email address may be used for official communications.

Question not answered

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 properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the registration, or if the registration has already been issued, then the suspension or revocation of that registration.

58. 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 if 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".

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.

Note: An affirmative answer will require that you upload certified copies of the final disposition along with your personal letter of explanation later in the application.

Question not answered

59. Have you ever had a professional license 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, and/or

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as certified copies of all related documents from the agency.

Question not answered

60. Have you ever been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? and/or

Has a medical review panel opinion been rendered relating to your practice of pharmacy? and/or

Have you been reported to the National Practitioner Data Bank (NPDB)? and/or

Have your clinical privileges been limited, restricted, suspended, or revoked?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

Question not answered

61. Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as copies of any and all treatment records and discharge summaries.

Question not answered

62. Upload any documents required based on an affirmative reply to any of the previous questions. Each question notes the required documents.

PHY-TM.Signatures

By their signatures below, the Owner's Managing Officer (OMO) and the Pharmacist-in-Charge (PIC) attest their knowledge and agreement with the following statements:

We understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents until the pharmacy is issued a permit by the Board.

We understand and agree that no permit to operate a pharmacy shall be granted or renewed unless evidence satisfactory to the Board ensures that a pharmacist will be on duty during normal business hours.

We understand and agree that in the event any information contained in this application or supplemental materials changes after its submission to the Board, we shall immediately notify the Board in writing and provide corrected information in a timely manner so as not to disrupt the application processing or permit selection. All documents are to be uploaded through the online services portal.

We understand and agree the Board may verify information contained in this application and supplemental materials in order to assess our character and fitness to operate a therapeutic marijuana pharmacy by, among other actions:

- Contacting the applicant by telephone, electronic mail, mail, or such other means is reasonable under the circumstances;
- Conducting one or more on-site visits of the location for the proposed therapeutic marijuana pharmacy, or other pharmacies associated with the applicant or any of the applicant's owners;
- Conducting background checks or contacting references of the applicant, its managing officer, any of the corporate officers, or any shareholder, as well as the pharmacist-in-charge;
- Contacting state regulators in any other states where the applicant, the applicant's owners or corporate officers, or its pharmacist-in-charge are engaged in, or have sought to be engaged in, any aspect of that state's therapeutic marijuana program; or
- Requiring a personal meeting with the owner's managing officer and the pharmacist-in-charge and the submission of additional information or documents.

We understand and agree that this pharmacy shall be operated in compliance with the Louisiana Pharmacy Practice Act (La. R.S. 37:1161 to 1250) and the professional and occupational standards found in Part LIII of Title 46 of the Louisiana Administrative Code, as well as all other federal and state laws and rules that may be applicable to the scope of services rendered to Louisiana residents at this pharmacy.

63. Pharmacist-In-Charge: As a component of your electronic signature, please type your name in the text box below.

Question not answered

64. As a component of your electronic signature, please enter today's date in the text box below.

Question not answered

65. Owner's Managing Officer: As a component of your electronic signature, please type your name in the text box below.

Question not answered

66. As a component of your electronic signature, please enter today's date in the text box below.

Question not answered

PHY-TM.CompletionInstructions

Please read carefully:

The next screen will provide the opportunity for you to review and print this application. Review each entry carefully. You may go back make corrections as needed prior to submitting. The review page should be used as an opportunity to print your completed application for your records. This application contains information regarding the process and follow up that you will need.

After review, you must select pay invoice and pay the required fees. If you do not pay the invoice your application will not submit.

All applications will be processed in the order received.

You will receive an email advising when the processing of your application is done or if your application is missing required items. To check the status of your application:

1. Visit <https://secure.pharmacy.la.gov/>
2. Log into the Online Services Portal.
3. Click "Submittal Status". Review the status of each step and any comments added.
4. Click "Upload Documents" to upload missing items.
5. Items received after the application deadline may not be considered.

Upon completion of the minimum application requirements, you will be scheduled to meet with the board's Application Review Committee.