



Louisiana Board of Pharmacy

5615 Corporate Boulevard, 8th Floor
Baton Rouge, Louisiana 70808-2537
www.labp.com



Application for Louisiana Pharmacy Permit Located Out-of-State

Notices

- Chapter 11 of the Board's rules enumerates the minimum requirements for pharmacies and prescription departments, and Chapter 23 identifies the additional requirements for out-of-state pharmacies. All of our laws and rules may be accessed on our website, at www.labp.com.
- We encourage you to type your entries on the application. If you choose to print, please do so legibly using blue or black ink. Do not use pencil. Applications completed in pencil, or those with illegible entries, will be returned to the applicant's designated contact person.
- Please do not re-format the application to accommodate your entries. Applications reformatted from the posted version shall be returned to the applicant's designated contact person.
- Please do not use entries such as "See attached"; an appropriate entry shall be made in each section. Incomplete applications will be returned to the applicant's designated contact person.
- Blank applications may be copied as needed; please use standard copy paper. Applications completed or reproduced on thermal or waxy paper will not be accepted, and they will be returned to the applicant's designated contact person.
- We encourage you to review your application and attachments prior to submitting it to the Board. Our experience shows the most common reason to return an application is for incomplete documents. This will only delay the processing of your application.
- The application shall be submitted to the Board office, at the address noted hereinabove, no later than thirty (30) days prior to the anticipated opening date of the new pharmacy or the ownership transfer.
- Your application and fee will be valid for up to one year after the date of its receipt at the Board office. If the permit has not been issued by that date, the application will be voided and the fee will be forfeited.
- Pharmacy permits expire at midnight on December 31 of every calendar year, regardless of the date of issuance. Pharmacies may not operate with expired permits.



Louisiana Board of Pharmacy

5615 Corporate Boulevard, 8th Floor
Baton Rouge, Louisiana 70808-2537
Telephone 225.922.0852 ~ Facsimile 225.925.6499
Website: www.labp.com ~ Email: pharmacy@labp.com



Application for Louisiana Pharmacy Permit Located Out-of-State

(Complete this application for pharmacies located outside of Louisiana.)

Please type all entries; if printing, please do so legibly using blue or black ink. All checks or money orders for the \$175.00 fee shall be made payable to "Louisiana Board of Pharmacy." Mail this application, all attachments, and fee to the address noted at the top of this page. Incomplete applications will be returned to the contact person.

Section 1 – Reason for Application [select one] & Date of Opening

☐ New Pharmacy Permit ☐ Ownership Transfer ☐ Relocation of Pharmacy

Anticipated Date of Opening _____

Section 2 – Pharmacy Information

Name (d/b/a) _____

Physical Address _____

City, Parish, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Toll-free Telephone _____

Resident State Pharmacy Permit No. _____ Expiration Date _____

DEA Registration No. _____ Expiration Date _____

Mailing Address _____

City, Parish, State, ZIP _____

Has this pharmacy ever been the subject of any disciplinary or other adverse action by any other licensing agency, or by any other government agency, or by any local, state, or federal law enforcement agency, or by any local, state, or federal court?

☐ Yes ☐ No

If you answered "Yes" to this question, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges. Your failure to disclose any prior disciplinary or adverse action or criminal history may result in the denial of this application or disciplinary action against the permit.

Section 3 – Applicant's Designated Contact Person [for processing of application]

Name _____

Company _____

Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

For Board Use Only:

Date application received: _____ Check / M.O. # _____ Amt. _____

Interview Required: Yes / No Compliance Officer: _____ Permit No. _____ Issued: _____

Section 4 – Pharmacy Ownership [select one]

Please identify the legal entity which owns the pharmacy identified in Section 2.

_____ Individual	Name: _____
_____ Partnership	Name: _____
_____ Corporation	Name: _____
_____ LLC	Name: _____
_____ Association	Name: _____
_____ Government	Name: _____
_____ Other [explain]	Name: _____

Section 5 – Owner's Address

Please enter the business address of the entity identified in Section 4.

Physical Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____ Website _____

Mailing Address _____

City, State, ZIP _____

Section 6 – Ownership of Other Pharmacies

Does the entity identified in Section 4 currently own any other pharmacy? _____ Yes _____ No

If the entity identified in Section 4 does own any other pharmacy in any state, please attach an itemized listing of all such pharmacies. For each such entry, 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 or disciplined by any state board of pharmacy or by any local, state, or federal government agency or by any local, state, or federal court.

Section 7 – Owner's Managing Officer

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

Name _____

Position/Title _____

Mailing Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Have you ever been arrested, indicted, or charged with any crimes in any state? _____ No _____ Yes

Have you ever been the subject of any disciplinary action by any government agency, or have you ever been the subject of any legal or other adverse action from any law enforcement agency or any local, state, or federal court? _____ No _____ Yes

Are you currently charged with the commission of a felony in any state? _____ No _____ Yes

Have you ever been convicted of a felony in any state? _____ No _____ Yes

If you answered "Yes" to any of the four questions above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges. Your failure to disclose any prior disciplinary or criminal history may result in the denial of this application or disciplinary action against the permit.

Section 8 – Registered Agent for Service of Process

In the absence of a designated agent, the applicant will be deemed to have designated the Louisiana Secretary of State to be its agent, upon whom may be served all legal process in any action or proceeding against the pharmacy.

Name _____

Mailing Address _____

City, State, ZIP _____

Section 9 – Ownership Transfer of an Existing Pharmacy

If this option was selected in Section 1, please identify the existing pharmacy as it appears on that pharmacy's permit.

Pharmacy Name (d/b/a) _____

Physical Address _____

City, State, ZIP _____

Existing Louisiana Pharmacy Permit No. _____ DEA Registration No. _____

Section 10 – Pharmacist-in-Charge

No person may serve as the pharmacist-in-charge (PIC) of a Louisiana pharmacy permit until the Board has received his properly executed Affidavit of Acknowledgement and Acceptance of Responsibility of Pharmacist-in-Charge.

Name _____

Mailing Address _____

City, State, ZIP _____

Telephone _____ Facsimile _____ Email _____

Resident State Pharmacist License No. _____

Louisiana Pharmacist License No. _____

Do you serve as the PIC of any other Louisiana pharmacy permit? ☐ No ☐ Yes [Permit No. _____]

Have you ever been arrested, indicted, or charged with any crimes in any state? ☐ No ☐ Yes

Have you ever been the subject of any disciplinary action by any government agency, or have you ever been the subject of any legal or other adverse action from any law enforcement agency or any local, state, or federal court? ☐ No ☐ Yes

Are you currently charged with the commission of a felony in any state? ☐ No ☐ Yes

Have you ever been convicted of a felony in any state? ☐ No ☐ Yes

If you answered "Yes" to any of the four questions above, please attach a letter of explanation as well as a certified copy of the final disposition for each incident. If charges were dismissed, please provide a letter from the appropriate authority confirming dismissal of the charges. Your failure to disclose any prior disciplinary or criminal history may result in the denial of this application or disciplinary action against the permit.

Section 11 – Special Services for Louisiana Residents

Will this pharmacy perform any non-sterile compounding services? ☐ No ☐ Yes

Will this pharmacy perform any sterile compounding services? ☐ No ☐ Yes

Will this pharmacy utilize an Automated Medication System (AMS)? ☐ No ☐ Yes

Will this pharmacy dispense or distribute any prescription medical devices? ☐ No ☐ Yes

Will this pharmacy dispense or distribute any medical gases? ☐ No ☐ Yes

Will this pharmacy utilize a website to facilitate its dispensing operations? ☐ No ☐ Yes

If so, is the site certified by VIPPS? ☐ No ☐ Yes Location of server: _____

Section 12 – Required Attachments

- All Pharmacies

Identify all individuals holding an ownership interest, as well as their percentage or fraction thereof, in the entity identified in Section 4. For each person so identified, please provide their full name, date of birth, Social Security number, addresses (business and home), and telephone numbers (business and home). Further, if any of these individuals hold a professional license or credential from any state government agency, please indicate their designation and provide a copy of the license or credential. Finally, please indicate whether that license or credential has ever been sanctioned or disciplined, and if so, provide a copy of that agency decision.

Identify all officers, partners, and board members, along with their position titles. For each person so identified, please provide their full name, date of birth, Social Security number, addresses (business and home), and telephone numbers (business and home). Further, if any of these individuals hold a professional license or credential from any state government agency, please indicate their designation and provide a copy of the license or credential. Finally, please indicate whether that license or credential has ever been sanctioned or disciplined, and if so, provide a copy of that agency decision.

With respect to the applicant's pharmacy permit from the resident state board of pharmacy, please attach a copy of that credential, a copy of the most recent inspection report, and a letter from the resident state board of pharmacy attesting to the current status of the resident state permit, with information as to whether or not that permit has ever been sanctioned or disciplined by that agency, and if so, a copy of that agency decision.

- Ownership Transfers

By the attached letter, the owner of the existing pharmacy shall confirm the pending sale to the applicant, as well as the anticipated transfer date.

Section 13 – Attestations

By their signatures below, the owner's managing officer and the pharmacist-in-charge attest to their knowledge and agreement with the following statements:

We understand and agree that our application and fee will be valid for up to one year following the date of receipt in the Board's office.

We understand and agree that no person shall open, establish, operate, or maintain a pharmacy or dispense prescriptions to Louisiana residents unless 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 the parties executing this application may be required to personally appear before the Board prior to any decision on the permit application.

We understand and agree that no person shall carry on, conduct, or transact business under a name which contains a part thereof the words "pharmacist", "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "druggist", "drugs", or any word or words of similar or like import, or in any manner by advertisement, circular, poster, sign, or otherwise describe or refer to a place of business by the terms of "pharmacy", "apothecary", "apothecary shop", "chemist's shop", "drug store", "drugs", or any word or words of similar or like import, unless the place of business is validly permitted by the Board.

We understand and agree a prescription issued solely on the results of answers to an electronic questionnaire, in the absence of a documented patient evaluation including a physical examination by the prescriber, is issued outside the context of a valid physician-patient relationship, and is not a valid prescription, and further, that a pharmacist who dispenses prescription drugs in violation of Section 2515 of the Board's rules is not acting in the best interest of the patient and is dispensing outside the course of the professional practice of pharmacy.

We understand and agree that a permit to operate a pharmacy shall not be transferable to a new owner.

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.

Owner's Managing Officer

I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in this section, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.

Signature of Owner's Managing Officer

Date

I hereby certify that the Attestations of the Owner's Managing Officer were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.

Seal
Required

Signature of Notary Public

Parish or County

Expiration Date of Commission

Pharmacist-in-Charge

I hereby certify that all of the foregoing and attached information is true and correct to the best of my knowledge, and further, that I have read, do understand, and do agree with the provisions referenced above in this section, and further, that this pharmacy will be operated in full compliance with all federal and state laws and regulations pertaining to the practice of pharmacy.

Signature of Pharmacist-in-Charge

Date

I hereby certify that the Attestations of the Pharmacist-in-Charge were signed, subscribed, and sworn to before me on this _____ day of _____ in the year _____.

Seal
Required

Signature of Notary Public

Parish or County

Expiration Date of Commission