



LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

12091 Bricksome Avenue, Suite B Baton Rouge, LA 70816
 (225) 295-8567 Fax (225) 295-8568 admin@drugboard.LA.gov www.drugboard.LA.gov

REQUEST FOR CHANGE OF LICENSE INFORMATION *For the LICENSE as a DISTRIBUTOR of LEGEND DRUGS or DEVICES*

Changes in any information with regards to contact persons for facility or physical location, the designated responsible party, officers and/or directors, or the regulatory contact person shall be submitted in writing to the Board within 60 days after such changes become effective. Changes of ownership affecting majority ownership of the licensee entity/licensed location shall be submitted via application for new licensure under the new ownership.

Complete this form, sign, date, and submit to the Board office at the address noted above, or via the fax number, or by email attachment.

BOARD USE ONLY -- Do not write in this area

Date Request Processed: _____ BY: _____ Confirmation Email Sent _____

LICENSE NO.: _____ Company Name: _____

INDICATE WHICH LICENSE INFORMATION HAS CHANGES AND COMPLETE NEW INFORMATION:

FACILITY CONTACT PERSON

NEW Facility Contact Person: _____

Email: _____ Telephone No.: _____

Fax No.: _____ Replacing Old Contact (name): _____

REGULATORY CONTACT PERSON

NEW Regulatory Contact Person: _____

Email: _____ Telephone No.: _____

Fax No.: _____ Replacing Old Contact (name): _____

REVISED OFFICERS AND/OR DIRECTORS - *Attach a revised listing.*

(Out of State Licensees Only) UPDATED HOME STATE LICENSE - *Attach a copy of license.*

REVISED LIST OF OTHER STATE/TERRITORIES WHERE LICENSES ARE HELD - *Attach a revised listing.*

DESIGNATED RESPONSIBLE PARTY (DRP)

NEW DPR Person: _____

Email: _____ Telephone No.: _____

Fax No.: _____ Replacing Old Contact (name): _____

Completed DRP QUALIFICATION REVIEW FORM (201511B) for the new DRP applicant noted above is enclosed with this request.

MAILING ADDRESS

NEW Mailing Address: _____

City

State

Zip

Licenses are NOT transferable for changes of location of the physical distribution location licensed by the Board. If there has been a location change, application for new licensure must be submitted. The application form is available on the Board's website.

Name of Licensee Representative (print or type)

Title of Licensee Representative

Signature of Licensee Representative

Date

Designated Responsible Party (DRP) Qualification Review

Check the appropriate DRP Applicant type:

DRP Applicant for a NEW license application

Name of Applicant Company: _____ App# _____

DRP Applicant Change for a current Louisiana licensee: License Info Change Request Renewal

Name of LA Licensee: _____ License No. _____

DRP Name: (As indicated on licensure application form for new applicants or the name of the new DRP applicant for current licensees.)

DRP Date of Birth: _____

Address of the Location where the DRP Applicant is physically present during regular business hours:

Address City State Zip

Date DRP applicant Hired: _____

Resume Attached (If < 2 yrs)

If the DRP applicant has been employed by the above named applicant/licensee for less than two years, attach a summary of the DRP applicant's employment history for at least two-years of full-time employment with either a pharmacy, legend drug or device distributor, or medical gas distributor in a capacity related to the dispensing, distribution, and recordkeeping of legend drugs or devices; or other similar qualifications for acceptance by the Board.

Current Position Held by DRP Applicant: _____

Is the DRP applicant:

Employed in a full-time position Yes No

Actively involved in and aware of the actual daily legend drug/device distribution operations of this facility Yes No

In a capacity related to the dispensing, distribution, and recordkeeping of legend drugs or devices Yes No

Description of DRP Applicant's Current Daily Duties (use separate sheet if additional room is needed): See Attached

Name of Authorized Representative (print or type)

Title of Authorized Representative

Signature of Authorized Representative

Date

APPLICANT/LICENSEE FACILITIES LOCATED IN LOUISIANA ONLY:

- Completed CRIMINAL HISTORY RECORDS CHECK Board authorization form, State Police authorization and disclosure forms (available on Board's website), provide fingerprints as obtained from local law enforcement, and fees payment for the above DRP applicant IS ENCLOSED with this DRP qualification review.
- Not Applicable- if applying/licensed facility is physically located outside Louisiana.

BOARD OFFICE USE ONLY:

Date Reviewed:	Reviewed By:	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	Notes:
		CHRCk Rqrd: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> APPROVED By: _____ Date: _____

**DETERMINATION FOR AN ACCEPTABLE
DESIGNATED RESPONSIBLE PARTY (DRP)**

(THIS FORM IS NOT REQUIRED TO BE SUBMITTED TO THE BOARD.

It is for use in determining if an individual is an acceptable appointee as a DRP)

THE INDIVIDUAL TO BE APPOINTED AS THE DRP:

	Yes	No
1. Is at least 21 years of age	<input type="checkbox"/>	<input type="checkbox"/>
2. Is physically present during regular business hours at the distribution location noted on the application or license	<input type="checkbox"/>	<input type="checkbox"/>
If a 3PLP is used for facilitation of delivery from the distribution location, is physically present during regular business hours at the business location noted on the application or license	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been with the applicant/licensee company for at least two years; if "No":	<input type="checkbox"/>	<input type="checkbox"/>
a. Has employment history with another distributor (wholesaler) of legend drugs, legend devices, and/or medical gases with experience overseeing facilitation of delivery and recordkeeping of drugs, devices, and/or gases	<input type="checkbox"/>	<input type="checkbox"/>
b. Has employment history with a pharmacy with experience overseeing dispensing and recordkeeping	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: if appointee has less than two years employment with applicant/licensee, a copy of the appointee's resume summary of work history/experience must be submitted with the application/change submission		
4. Is employed by the applying/licensed company in a full-time position	<input type="checkbox"/>	<input type="checkbox"/>
5. Is actively involved in or aware of the actual daily distribution operation of the applying/licensed facility relative to facilitation of delivery of drugs/ devices/ gases and recordkeeping; or dispensing and recordkeeping	<input type="checkbox"/>	<input type="checkbox"/>

EACH NUMBERED SECTION ABOVE MUST HAVE AT LEAST ONE "Yes" ANSWER TO QUALIFY AN INDIVIDUAL FOR APPOINTMENT AS THE DRP.

Experience in sales/marketing, regulatory compliance, quality assurance, financial, or legal ONLY is not acceptable experience or acceptable current daily duties to qualify an individual as the DRP.



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CRIMINAL HISTORY RECORDS CHECK

A CRIMINAL HISTORY RECORD is information collected by state and federal criminal justice agencies on persons consisting of identifiable description and notations of arrests, detentions, indictments, bills of information, or any formal criminal charges and any disposition arising there from. A criminal history record search in accordance with La. R.S. 37:3477 and LAC 46:XCI.305.B is required by the Board for all new applicants physically located in Louisiana to include the designated responsible party and any individual owners who owns greater than 10% interest in the applicant company; and for those licensees of previously issued licenses if a new DRP is appointed or if ownership interest of more than 10% has been transferred to a new owner. Conviction of a felony violation of federal or state law may be grounds for denial of or disciplinary action against a license as a distributor of legend drugs or devices.

APPLICATION FOR CRIMINAL HISTORY RECORDS SEARCH

Each qualified person must:

- Sign the Board’s authorization statement below;
- Complete and sign the LA State Police, Bureau of Criminal Identification and Information disclosure authorization form (Form DPSSP 6696) [available on Board’s website];
- Complete LSP, BCIL, Applicant Processing-Disclosure form (LSPAPP3/R09.10) [available on Board’s website], and
- Obtain fingerprints through your local law enforcement office (Form FD-258).

Submit to the Board office (with the license application for new applicants or the DRP qualification review form for new DRP for current licensees) both authorization forms, the processing-disclosure form, and fingerprint card for each qualifying person along with separate payment of processing fees totaling **\$39.25** for each made out to the **LOUISIANA DEPARTMENT OF PUBLIC SAFETY** via cashier’s check, business check with pre-printed business name, or money order.

AUTHORIZATION FOR CRIMINAL HISTORY RECORDS SEARCH

By signing and dating this notice, the undersigned individual hereby authorize the Louisiana Board of Drug and Device Distributors to provide my fingerprint card to the Louisiana Bureau of Criminal Identification and Information of the office of state police within the Louisiana Department of Public Safety for submission to the Federal Bureau of Investigation for the generation of a criminal history records report.

_____ DRP or Owner

Print Name

_____ NEW Applicant- Company Name: _____ App# _____

Signature _____ Date _____

Current Licensee Name: _____ LA Lic No. _____ Info Change Renewal

BOARD OFFICE USE ONLY:

Date App or DRP Rvw Form Rcvd:	<input type="checkbox"/> Payment Chk/ Enclosed MO#:	ID:	DATE SENT TO LSP:
Required forms attached and complete: <input type="checkbox"/> LSP Disclsr Authrzttn <input type="checkbox"/> CrmnlHist Determinatn <input type="checkbox"/> Fingerprint Cd			DATE RPT RCVD FROM LSP: