202503

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**

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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:

☐ CRIMINAL HISTORY RECORDS (Background) CHECK (CHRck) is required for the individual person appointed as DRP at licensed facilities located in Louisiana. Louisiana State Police application for CHRck is now submitted via an online application platform. A submission link to the CHRck electronic application is available on Board's website on the *License Info Change* page link.

☐ Not Applicable- if applying/licensed facility is physically located outside Louisiana.

BOARD OFFICE USE ONLY:

Date Reviewed:	Reviewed By:	☐ Acceptable ☐ Not Acceptable Notes:	
		CHRCk Rqrd: ☐ Yes ☐ No	☐ 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	☐	☐
2.	Is physically present during regular business hours at the distribution location noted on the application or license	☐	☐
	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	☐	☐
3.	Has been with the applicant/licensee company for at least two years; if "No":	☐	☐
	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	☐	☐
	b. Has employment history with a pharmacy with experience overseeing dispensing and recordkeeping	☐	☐
	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	☐	☐
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	☐	☐

EACH NUMBERED SECTION ABOVE MUST HAVE AT LEAST ONE "Yes" ANSWER TO QUALIFY AN INDIVUDAL 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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NOTICE

The Louisiana State Police, Bureau of Criminal Identification and Information, has changed the process for submission of applications for criminal history records (background) checks (CHRck) to an electronic fingerprint-based application service- IdentoGO. LSP is no longer accepting paper applications. Results of CHRck applications electronically submitted can be available to this agency within 48-72 hours after your enrollment appointment.

CRIMINAL HISTORY RECORDS (Background) CHECKS

Applicant/Licensed facilities physically located in Louisiana:

A criminal history records (background) check is required for any individual person(s) who own greater than 10% interest in the applicant/licensee company and the designated responsible party (DRP) individual.
A link to the online-fingerprint application service is available on the Board's website at www.drugboard.La.gov on the Application, Renewal, and License Info Change page links.

INSTRUCTIONS:

- On the Board's website, www.drugboard.LA.gov, lower part of the selected link page (Application, Renewal, or License Info Change), click the red "GET STARTED" button,
- Select the state IN WHICH the applicant/licensee facility IS PHYSICALLY LOCATED from the list provided.
- If CHRck is required, continue by completing the authorization form for CHRck provided and "Submit Form".
- The electronic application vendor utilized by LSP, IdentoGO's application website will open.
- Complete IdentoGO application and schedule appointment.