



## LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

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

### ***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 owners of licensee including changes of percentage owned, the designated responsible party, the 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.

Complete this form, sign, date, and submitted to the Board at the address or via the fax or email above for processing.

#### BOARD USE ONLY -- Do not write in this area

Date Request Processed: \_\_\_\_\_ BY: \_\_\_\_\_

**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 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 **\$38.00** 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 Authrztm <input type="checkbox"/> CrmnlHist Determinatn <input type="checkbox"/> Fingerprint Cd			DATE RPT RCVD FROM LSP: