**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

**Oath or Affirmation -** INITIAL LICENSURE – Dispensing

**NOTE:** Yes answers must be explained in an affidavit (a typed, notarized explanation in your own words).

|  |  |  |
| --- | --- | --- |
| **ANSWER THE FOLLOWING QUESTIONS:**  **IF ANSWER IS YES, ATTACH A DETAILED EXPLANATION** | | |
| 1. Have you ever been convicted, whether upon verdict, judgment, or plea of guilty or *nolo contendere*, of any crime constituting a felony under the laws of the United States or of any state | **YES** | **NO** |
|  |  |
| 1. Have you ever been convicted, whether upon verdict, judgment, or plea of guilty or *nolo contendere*, of any crime and element of which is the manufacture, production, possession, use, distribution, sale, or exchange of any controlled substance |  |  |
| 1. Have you ever within the five years preceding application for registration, abused or excessively used any medication, alcohol, or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant. |  |  |

|  |  |  |
| --- | --- | --- |
| **ACKNOWLEDGEMENTS** | | |
| 1. I have read and understand the rules on the Dispensing of Medication. | **YES** | **NO** |
|  |  |
| 2. I acknowledge I personally completed the online Dispensing Rules Course and Quiz. |  |  |
| 3. I acknowledge a physician is prohibited from delegating the dispensation and or labeling of medication to any medical personnel, including a  nurse/employee. |  |  |
| 4. I acknowledge that a Legend and CDS permit limits me to dispensing a single 48 hour supply of a CDS except as noted in the  rules, a seven day sample of Lyrica |  |  |

# *OATH OR AFFIRMATION OF APPLICANT*

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe and abide by the rules and regulations of dispensation of medications and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me thereunder.

I HEREBY authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state or federal) to release to the Louisiana State Board of Medical Examiners any information, files or records requested by the Board. I further authorize Louisiana State Board of Medical Examiners to release to any such organization, individual or group having reasonable need therefore any information supplied to or obtained by the Board connection with my application or relative to the status of any license or certificate issued to me as a result of such application.

I CERTIFY under oath my acknowledgment and understanding that I am solely responsible for the proper and legitimate use of my DEA number for all controlled substance transactions. I will be present at any time that medication is dispensed from a registered dispensing location, and solely responsible for dispensing all medication and maintaining all invoices, orders, inventories, dispensing and other required records in the manner prescribed by the Board’s dispensing rules. By my subscription hereto, I acknowledge that I fully understand that failure to adhere to the Board’s dispensing rules may constitute violation of State and Federal law, subjecting me to criminal investigation and prosecution by State and Federal authorities, as well as action against my medical license by the Board.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_\_\_\_

(Notary Seal)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notarial License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC