201603B

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 authorization form (201502C), State Police criminal history records processing 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:	☐ 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.

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

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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, BCII, 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 **$40.75** 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 and/or ☐ Owner

Print Individual's Name

_____ _____

Signature Date

☐ New Applicant- Name: _____ App# _____

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

BOARD OFFICE USE ONLY:

Date App or DRP Rvw Form Rcvd:	☐ Payment Enclosed Chk/ MO#:	ID:	DATE SENT TO LSP:
Required forms attached and complete:	☐ LSP Disclsr Authrztn ☐ CrmnlHist Determinatn ☐ Fingerprint Cd		DATE RPT RCVD FROM LSP: