



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700

www.pharmacy.la.gov ~ Email: info@pharmacy.la.gov



## Application for a Louisiana Controlled Dangerous Substance (CDS) License

To avoid processing delays, please refer to application packet before completing this application.

Mail completed application, directed specifically to "CDS Program", at the address noted above. Faxed applications will not be accepted.

### SECTION 1 - Reason for Application

<input checked="" type="checkbox"/> New CDS License
Renewal or Reinstatement of Existing CDS License # _____ Add \$10 to renewal fee if license has been expired for more than 30 days

<b>FOR BOARD OFFICE USE ONLY</b>	
CK# <u>1093</u>	AMT <u>45</u>
Date application rec'd <u>8-24-12</u>	
License # <u>22294</u>	Date Issued: <u>9/1/12</u>

### SECTION 2 - Registrant Information

<b>Facilities:</b>	Full Business or Facility Name		
	Taxpayer ID # _____		
<b>Practitioners:</b>	Last Name	First Name	Middle Initial
	<u>St. Martin</u>	<u>Nsikan</u>	<u>M</u>
	Social Security # [REDACTED]		
Business Phone	Business Fax	Home Phone <u>(504) 931-0157</u>	
LA State Board License # <u>MD. 205672</u> ✓	DEA Registration # [REDACTED]		
LA State Board License Exp. Date (mm-dd-yyyy) <u>12-31-2013</u>	DEA Registration Exp. Date (mm-dd-yyyy) <u>02-28-2015</u>		
<b>Enter Physical Address of Practice Location (Do not enter a P. O. Box)</b>	<b>Mailing Address (If different than physical address)</b>		<b>Home Address</b>
Address Line 1 <u>1125 Marguerite street</u>	Address Line 1 <u>1829 Dale street</u>		Address Line 1 <u>1829 Dale street</u>
Address Line 2	Address Line 2		Address Line 2
City <u>Morgan City</u>	City <u>Morgan City</u>		City <u>Morgan City</u>
State <u>LA</u>	State <u>LA</u>		State <u>LA</u>
Zip <u>70380</u>	Zip <u>70380</u>		Zip <u>70380</u>
For Businesses, enter name of Chief Pharmacist, Consultant Pharmacist or Physician Medical Director (must sign application)			

**SECTION 3 – Classification of License (Select Only One)**

Submit a check or money order payable to Louisiana Board of Pharmacy in the required amount

<input type="checkbox"/> Ambulatory Surgical Center (\$50)	<input type="checkbox"/> Hospital (\$50)	<input type="checkbox"/> APRN (\$45)*
<input type="checkbox"/> Animal Euthanasia Tech. (\$20)	<input type="checkbox"/> Laboratory (\$20)	<input type="checkbox"/> Dentist (\$45)*
<input type="checkbox"/> Clinic / Rural Health Clinic / Emerg. Ctr (\$50)	<input type="checkbox"/> Manufacturer (\$100)	<input type="checkbox"/> Med. Psych. (\$45)*
<input type="checkbox"/> Dialysis Center (\$20)	<input type="checkbox"/> Narcotic Treatment Center (\$50)	<input type="checkbox"/> Optometrist (\$45)*
<input type="checkbox"/> Drug Detection – Canine (\$30)	<input type="checkbox"/> Researcher (\$30)	<input checked="" type="checkbox"/> Physician (\$45)*
<input type="checkbox"/> EMS (\$20)	<input type="checkbox"/> Sales Representative (\$20)	<input type="checkbox"/> Physician Asst (\$45)*
<input type="checkbox"/> Other _____ (\$20)	<input type="checkbox"/> Wholesaler / Distributor (\$50)	<input type="checkbox"/> Podiatrist (\$45)*
		<input type="checkbox"/> Veterinarian (\$20)

\* Fee includes Prescription Monitoring Program (PMP) fee as authorized by La. R.S. 40:1013.

**SECTION 4 – Drug Schedules**

Check ALL applicable Schedules to be handled. License will be issued for those schedules checked ONLY.

<input type="checkbox"/> Schedule I (Experimental)	<input checked="" type="checkbox"/> Schedule III	<input checked="" type="checkbox"/> Schedule V
<input checked="" type="checkbox"/> Schedule II	<input checked="" type="checkbox"/> Schedule III-N (Non-narcotic)	
<input checked="" type="checkbox"/> Schedule II-N (Non-narcotic)	<input checked="" type="checkbox"/> Schedule IV	


**SECTION 5 – All registrants must answer the following:**

If the answer to either of the first two questions is "YES," submit a detailed statement including all circumstances along with this application.

<b>Facility Applicants:</b>	If the applicant is a corporation, association, or partnership has any officer, partner, stockholder or proprietor been convicted of a felony in connection with controlled substances under any State or Federal Law, or ever surrendered or had a State or Federal License revoked, suspended, or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Practitioner Applicants:</b>	Has the applicant ever been convicted of a felony in connection with controlled substances under any State or Federal Law, or ever surrendered or had a State or Federal controlled dangerous substance or practitioner's license revoked, suspended, or denied?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>For Renewal Applications:</b>	I certify that I have a valid practitioner's license from the appropriate Board of competent jurisdiction that expires on the following date: Expiration Date: _____ / _____ / 20_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6 – Applicant's Signature**

I hereby make application for a license to manufacture, distribute, procure, possess, prescribe, dispense, and/or to conduct research with controlled dangerous substances, as indicated above, in compliance with the requirements of Part X of Title 40 of the Louisiana Revised Statutes of 1950, as amended, as well as the rules of the Board of Pharmacy promulgated in accordance with said statute. I/We further agree that declared facilities and/or offices shall be open to inspection by the Louisiana Board of Pharmacy, its agent or designee, for the inspection of controlled dangerous substances, their storage, handling, distribution, and recordkeeping.

<b>Facility Applicants:</b>	<u>Original</u> Signature of Authorized Individual Identified in Section 2	Date ____ / ____ / 20____
<b>Practitioner Applicants:</b>	<u>Original</u> Signature of Applicant 	Date 8 / 20 / 2012

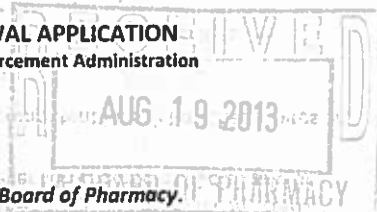
Louisiana Board of Pharmacy

3388 Brentwood Drive ~ Baton Rouge, LA 70809

LOUISIANA CONTROLLED DANGEROUS SUBSTANCES (CDS) LICENSE RENEWAL APPLICATION  
CDS licenses not renewed within 30 days after expiration are reported to the Federal Drug Enforcement Administration

Lic Fee: \$20.00  
PMP Fee: \$25.00  
Fee Due\*: \$45.00

Nsikan M St. Martin MD  
LA CDS Number: CDS.042294-MD  
CDS Expiration Date: 09/01/2013



\* Mail original, signed application with applicable attachments and check or money order payable to LA Board of Pharmacy.  
NOTE: A \$10 late fee will be added to applications received 30 or more days after expiration.

Check all applicable drug schedules you intend to handle. License will be issued ONLY for schedules checked.

1 Research:  2:  2 Nonnarcotic:  3:  3 Nonnarcotic:  IV:  V:

Place a check next to the address where you wish to receive your mail from the Board. If either address or telephone number has changed, include an attachment with the new address(s). If an address is not selected, the practice address will be used as the mailing address.

PRACTICE SITE PHYSICAL ADDRESS:  
1125 Marguerite St  
Morgan City, LA 70380-1855

MAILING ADDRESS:  
1829 Dale St  
Morgan City, LA 70380-1409

Practice Site Phone:

Mailing Address Phone: (504) 931-0157

THE FOLLOWING QUESTIONS MUST BE ANSWERED. If the answer to either question is "Yes," submit a detailed statement including all circumstances.

Yes  No  Has the applicant ever been convicted of a felony in connection with controlled substances under State or Federal Law, or ever surrendered or had a State or Federal License revoked, suspended or denied?

Yes  No  If the applicant is a corporation, association, or partnership, has any officer, partner, or associate been convicted of a felony in connection with controlled substances under State or Federal Law, or ever surrendered or had a State or Federal License revoked, suspended or denied.

I certify that I hold a current, valid practitioners' license 205672 from the appropriate board of competent jurisdiction that expires on 12/31/2013 (MM/DD/YYYY), and Drug Enforcement Agency [redacted] which expires on 02/28/2015

I HEREBY MAKE APPLICATION FOR RENEWAL OF LICENSE AS DESCRIBED ABOVE. Section 971 (B) (1) of Title 40, Chapter 4 Part X of the Louisiana Revised Statutes, states that any person who knowingly or intentionally falsifies information in this application is subject to imprisonment of not more than 5 years, a fine of not more than \$5,000.00, or both.

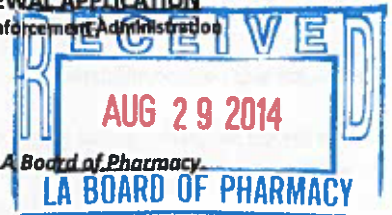
Signature of Applicant or Authorized Individual: [Signature] Date: 7/10/2013

Louisiana Board of Pharmacy  
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Signature of Applicant or Authorized Individual: [Signature] Date: 8/22/14

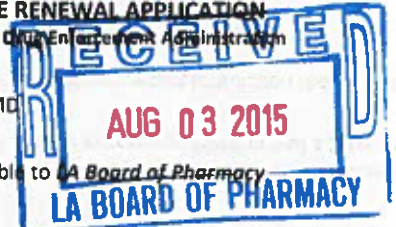
New Mailing Address  
6 Marquis Manor  
Morgan City  
LA 70380

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6 Marquis Mnr  
Morgan City, LA 70380-1151

Practice Site Phone:

Mailing Address Phone: (504) 931-0157

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Yes  No  Has the applicant ever been convicted of a felony in connection with controlled substances under State or Federal Law, or ever surrendered or had a State or Federal License revoked, suspended or denied?

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Signature of Applicant or Authorized Individual: [Signature]

Date: July 29th, 2015

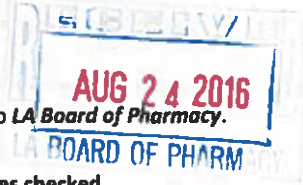
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Signature of Applicant or Authorized Individual: [Signature] Date: 8/12/2016





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3388 Brentwood Drive, Baton Rouge, LA 70809  
Website: [www.pharmacy.la.gov](http://www.pharmacy.la.gov) Email: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Prescription Monitoring Program (PMP) Access Request Form for a Prescriber

<b>Prescriber's Information</b>		
1. Last Name, Suffix (Jr., Sr., III) St. Martin	2. First Name Nsikan	3. Middle Name Mianaekere
4. Date of Birth (mm/dd/year)	5. Social Security Number	6. Prescriber's DEA Registration Number
7. NPI Number 1649569906	8. Contact Phone Number 5049310157	
9. E-mail Address (**Shared email accounts will not be accepted. Email must be secure) drstmartin@me.com		
10. License Classification (check the appropriate box)		
Physician (MD, DO) <input checked="" type="checkbox"/>	Physician Assistant (PA) <input type="checkbox"/>	APRN <input type="checkbox"/> DDS <input type="checkbox"/>
Medical Psychologist (MP) <input type="checkbox"/>	Podiatrist (DPM) <input type="checkbox"/>	Optometrist (OD) <input type="checkbox"/>

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BOARD OF PHARMACY

I understand that Prescribers and Pharmacists approved for access, or their delegates, shall only use the PMP database for the purpose of providing medical or pharmaceutical care for their patients, or for verifying their prescription records. *(emphasis added)*

I understand that inappropriate use or disclosure of PMP information may result in criminal prosecution, disciplinary action by my licensing board and/or revocation of database access privileges.

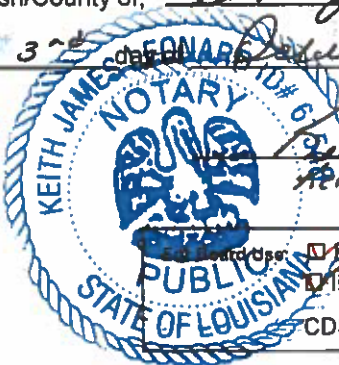
I understand that the PMP data is for informational purposes and that a definitive conclusion should not be determined without verifying the information with the prescribers and dispensers due to the fact that the information is only as accurate as reported to the program.

**I understand the above, attest to the content, and agree to abide by those terms.**

Prescriber's Hand-Written Signature (No Digital Signatures): [Signature]

Subscribed and sworn to before me in the Parish/County of, St. Mary Parish  
State of Louisiana, On this 3<sup>rd</sup> day of November, 2016

- Mail the following items to the Louisiana Board of Pharmacy Prescription Monitoring Program
- 1.) This Notarized Form
  - 2.) Photocopy of current State Issued Driver's License or ID



[Signature]  
KEITH JAMES LEONARD #61548  
NOTARY PUBLIC

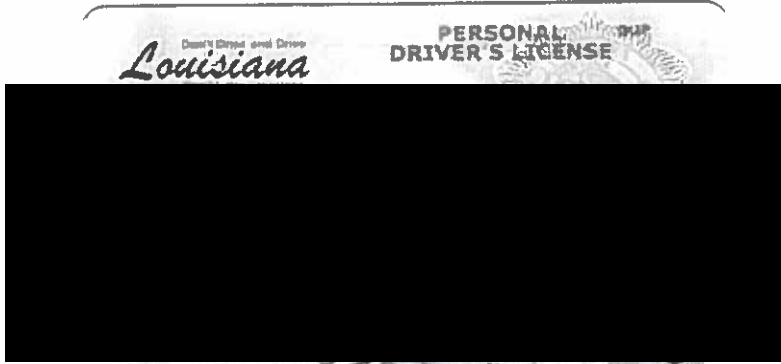
<input checked="" type="checkbox"/> Pro License Active	<input checked="" type="checkbox"/> DEA Active
<input checked="" type="checkbox"/> ID Card	
CDS # <u>42294</u>	PMP # <u>7673</u>

Pharmacy Program  
Tel. 225.922.0852  
Fax. 225.925.6499

CDS Program  
Tel. 225.925.4770  
Fax. 225.925.6499

PMP Office  
Tel. 225.925.4767  
Fax. 225.925.6408

Executive Office  
Tel. 225.925.6496  
Fax. 225.922.0316



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NOV 07 2016  
BOARD OF PHARM



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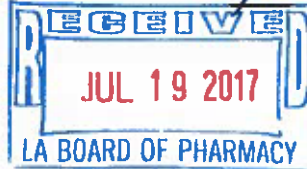
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Signature of Applicant or Authorized Individual: [Signature] Date: July 15, 2017