

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. _____

 Name of DRP Appointee: (As marked 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 Facility location where the DRP applicant is physically present during regular business hours:

Address	City	State	Zip
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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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actively involved in or aware of the daily legend drug/device distribution operations of the applying/licensed facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Works in a capacity related to the distribution or dispensing, and recordkeeping of legend drugs or devices	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 is required for the individual person appointed as DRP at applicant facilities located in Louisiana. Louisiana State Police application for CHRck is by an online application platform. A submission link to the CHRck electronic application is available on Board's website - *Application* page.
- ☐ 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.



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:XXXIV.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 and submit this form to the Board office with the appropriate license application, annual license renewal, and license information change request, when applicable.

AUTHORIZATION FOR CRIMINAL HISTORY RECORDS SEARCH

By signing and dating this notice, the undersigned individual hereby authorizes the Louisiana Board of Drug and Device Distributors to obtain criminal history records check information through the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Louisiana Department of Public Safety and as provided by the Federal Bureau of Investigation.

☐ I acknowledge receipt of the LA Board of Drug and Device Distributors, *Privacy Statement* for Criminal History Records Checks (available on the Board's website).

Print Individual's Name ☐ DRP and/or ☐ Owner

Signature _____ Date

☐ New Licensure Applicant Name: _____ App# _____

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

BOARD OFFICE USE ONLY:

Date App, RnwL, Info Chg Rcvd:	Date Notice Rcv Fingerprints Taken:	Date Rslt Rpt Rcvd:
Notes:		VALID THROUGH: