Request for Exemption
from CDS related Continuing Medical Education as per Act 76 of 2017

I, ________________________________ certify that I have not prescribed, administered or dispensed any controlled dangerous substances in the state of Louisiana during the entire year covered by my expiring license. I understand that this certification will be verified by a review of the last twelve months of my prescribing history through the Prescription Monitoring Program. I understand that if I subsequently prescribe, administer or dispense a CDS in Louisiana, I must satisfy the CDS CME requirement as a condition to license renewal for the year immediately following that in which the CDS was prescribed, administered or dispensed.

____________________  ______________  __________
Signature                  License #                  Date

* After signing this form, scan it then upload it during your renewal process (or) email it to cdsme@lsbme.la.gov.

Or you may mail it to:
Louisiana State Board of Medical Examiners
ATTN: CDS CME
630 Camp Street
New Orleans, LA 70130