**Professional Licensing Agency**
402 West Washington Street
Room W072
Indianapolis, Indiana 46204

**Michael R. Pence**
*Governor of Indiana*
**Nicholas W. Rhoad**
*PLA Executive Director*

# Physician Controlled Substance Registration Renewal Form

Your controlled substance registration expires 10/31/2015. You may renew online at www.pla.in.gov or complete and mail this form with the renewal fee of $60.00 to the address in the top left corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 10/31/2015 you must include a $50 late fee in addition to your renewal fee.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|---|---|---|---|
| Licensee Name | License Number | Expiration Date | Renewal Fee $60.00 |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |

| QUESTIONS | |
|---|---|
| 1. Since you last renewed, has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels? | Yes No |
| 2. Since you last renewed, has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances? | Yes No |
| 3. Since you last renewed, have you been convicted, pled guilty or pled *nolo contendere*, under any federal or state laws relating to any controlled substances that has *not* been expunged under IC35-38-9? | Yes No |
| 4. Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding with respect to said registration? | Yes No |
| 5. Since you last renewed, have you had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances? | Yes No |

| LICENSEE AFFIRMATION | |
|---|---|
| By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct. | |
| Signature of Licensee | Date (month, day, year) |

Visit www.pla.in.gov for additional information regarding your license.
If you have any questions for the Medical Licensing Board of Indiana please email pla3@pla.in.gov or call 317-234-2060.

| FOR OFFICE USE ONLY | | |
|---|---|---|
| Renewal Fee | Receipt No. | Date |