



# APPLICATION FOR INDIANA WAIVER FOR ELECTRONIC PRESCRIBING FOR CONTROLLED SUBSTANCES

State Form 57043 (11-20)

**PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
www.pla.IN.gov

- INSTRUCTIONS:**
1. Completed application should be mailed to the address listed in the upper right hand corner of this form or e-mailed to [pla4@pla.in.gov](mailto:pla4@pla.in.gov).
  2. Please refer to our website, [www.pla.in.gov](http://www.pla.in.gov), for the requirements for this waiver.
  3. Complete ONE (1) waiver form per Controlled Substance Registration (CSR). If a single waiver form is submitted for multiple CSRs, it will be rejected.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY		
Approved / Denied	Date of waiver approval / denial (month, day, year)	Waiver number (if applicable)

**DO NOT WRITE ABOVE THIS LINE**

Type of practitioner (Please check one box.)		
<input type="checkbox"/> Dentist <input type="checkbox"/> Physician <input type="checkbox"/> Osteopathic Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Optometrist		
Name of practitioner		Social Security number *
CSR number	Indiana professional license number	DEA number
Name of Facility (if applicable)		
Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code)		
Telephone number (     )	E-mail address	

WAIVER REQUEST
Specific waiver requested
Explain the need for the waiver. Use additional pages as necessary. Include relevant and supporting documentation.

AUTHORIZATION FOR RELEASE OF INFORMATION
I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.
I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION	
I affirm, under penalties for perjury, that the foregoing representations are true.	
Signature of applicant	Date (month, day, year)