

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



**Eric J. Holcomb**  
 Governor of Indiana  
**Lindsay M. Hyer**  
 PLA Executive Director

**Controlled Substance Registration Renewal Form**

Renew online at [mylicense.in.gov](http://mylicense.in.gov) using the credentials you created for your primary license. To renew by mail, send this form with the renewal fee of \$60.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. **If this document is postmarked after the license expiration date you must include a \$50 late fee.** If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. Your primary license must be active with an updated expiration date in order to renew a controlled substance registration.

**PRIMARY LICENSE TYPE: Select one**

- Dentist    Physician    Osteopathic Physician    Podiatrist    Veterinarian  
 APRN Prescriptive Authority    Physician Assistant    Optometrist

**LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address**

Licensee Name	License Number	Expiration Date	Renewal Fee \$60
Practice Address			
City	State	Zip Code	
Phone Number	Email Address		
DEA Number	DEA Expiration Date		

**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 <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> 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

**INSPECT**

Practitioners who directly dispense a federally scheduled II - V controlled substance are required to report dispensations to INSPECT daily. Directly dispense means you deliver the substance to a patient or patient representative, who is responsible for administration of the drug. Reporting does not apply to you if you directly dispense less than a 3-day supply or administer the substance to the body of a person by injection, inhalation, ingestion, or any other means. Check the box to indicate which of the following applies to you: (Select one below)

<input type="checkbox"/> Yes, I plan to directly dispense a controlled substance from my place of practice and acknowledge I must report daily per IC 25-26-24.	<input type="checkbox"/> No, I do not plan to directly dispense and acknowledge if I begin directly dispensing in the future, I must report daily.
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**LICENSEE AFFIRMATION**

By signing below, I hereby attest that I have completed the required continuing education in opioid prescribing and abuse and that the information listed on this reinstatement application is true, complete and correct.

Signature of Licensee	Date (month, day, year)
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**Effective July 1, 2019 individuals renewing a controlled substance registration are required to have completed two hours of continuing education in opioid prescribing and abuse.**

Visit [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your license.

**FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
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