



**Indiana Security Feature  
Prescription Pad Provider**

**Indiana Board of Pharmacy**  
402 W Washington Street, Rm W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2067  
E-mail: [pla4@pla.IN.gov](mailto:pla4@pla.IN.gov)

Name of Provider \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Have you included a security feature prescription paper proof that meets all security feature requirements as defined by 856 IAC 1-34-1?  **Yes**  **No**

Have you completed all questions and provided supporting documentation for page two (2) of this application?  **Yes**  **No**

Does a latent, repetitive "Void" pattern screened at **five percent (5%) in refex blue** appear across the entire face of the document when the prescription is photocopied (even though you may order paper from other sources, it is the responsibility of the vendor to meet this requirement)?  **Yes**  **No**

Return the completed application and required security paper proof  
to the following address:

Indiana Board of Pharmacy  
402 West Washington Street, Room W072  
Indianapolis, IN 46204  
(317) 234-2067

[www.in.gov/pla/pharmacy.htm](http://www.in.gov/pla/pharmacy.htm)  
[pla4@pla.in.gov](mailto:pla4@pla.in.gov)

Additional Application Questions:

1. Has your company or any of its employees been convicted of or pled guilty to a violation of federal or state law or are criminal charges pending?  **Yes**  **No**

*The applicant must submit all related court documentation that indicate the charge, plea, sentence requirements, and, if the sentence requirements have been met, verification of completion of sentencing requirements.*

2. Have you had any theft or loss of product from your company including, but not limited to, security feature prescription paper in the last two (2) years?  **Yes**  **No**

*The applicant must submit documentation regarding the loss including any action taken by its loss and prevention department, law enforcement or other.*

3. Has your company been disciplined in any manner by any state or federal agency or are formal charges pending in your state of domicile or any other state in which the company does business?  **Yes**  **No**

*The applicant must submit copies of all action taken against the applicant by law enforcement, the Attorney General's Office, Internal Revenue Service, State Department of Revenue, the Secretary of State or any other state or federal agency with jurisdiction over the business. If the action has been lifted against the applicant, verification that this has occurred must also be submitted.*

4. Has your company been denied a license, registration, certification, accreditation or approval of any kind to conduct business in any state?  **Yes**  **No**

*The applicant must submit a copy of the denial notification and any other related documentation.*

5. Has your company been disciplined on any license, registration, certification or accreditation it holds or has held?  **Yes**  **No**

*The applicant must submit copies of all action filed against the license, registration, certification or accreditation. If the action has been resolved, verification that this has occurred must also be submitted.*

**The Board reserves the right to request additional information and/or documentation as needed to make an informed decision on approval of the applicant as a security feature prescription paper provider in Indiana.**