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

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

Pharmacy Intern Expired Renewal Form

Your license has expired. Please return this form with a fee of $20.00 and the required documentation to the address in the top left corner. If you answer 'Yes' to questions 1-5 below, please send a notarized statement fully explaining the response including location, date and disposition and official documentation regarding the event (court documents, treatment information, addictionology evaluations, etc.) with this renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee $20
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS Since you last renewed:		
1. Has any professional license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	NO
2. Have you been denied a license, certificate, registration, or permit in any state?	YES	NO
3. Except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	YES	NO
4. Have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	YES	NO
5. Have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a pharmacy intern or in any health care profession?	YES	NO

REQUIRED DOCUMENTATION

Your renewal application and fee should be accompanied by one of the following:

(1) Notarized copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, or

(2) Official transcripts from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy verifying your active enrollment in the spring 2015 semester or quarter [transcript must indicate the spring 2015 semester or quarter and verify that you are "currently enrolled", "work in progress", etc.] or recent graduation date. A transcript indicating that the previous semester or quarter completed will not be accepted as it does not verify that you are currently enrolled.

LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.

Signature of Applicant	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email pla4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date