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

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

This form can ONLY be used if your license is expired. If you hold an active license you must renew online here: https://mylicense.in.gov/EGov/Login.aspx

Expired Controlled Substance Registration Renewal

Your Controlled Substance Registration (CSR) is expired. Renew online at www.pla.IN.gov. To renew by mail, please complete this form in its entirety and submit it with the expired renewal fee of $110 to the office address shown in the above left corner. If you answer 'Yes' to the questions below send a detailed statement regarding the response with this form and fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	**Enter License Number**	**Enter Expiration Date**	**Renewal Fee** $110.00
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 us on the web at www.pla.in.gov for additional information regarding your licensure, including collaborative agreement requirements, name change requests, and ordering a license card, or email the Board at pla2@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date