

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



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

## Medical Controlled Substance Registration Expired Renewal Form

Your Controlled Substance Registration (CSR) is expired. You may renew your license online at [www.pla.in.gov](http://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 right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

| 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<br>\$110.00 |
| Street Address  |                      |                       |                         |
| City  | State                | Zip Code              |                         |
| Phone Number  | Email Address        |                       |                         |

| QUESTIONS  |  |
|--|--|
| 1. Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Since you last renewed have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 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](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board please email [pla3@pla.in.gov](mailto:pla3@pla.in.gov) or call 317-234-2060.

| FOR OFFICE USE ONLY |             |      |
|---------------------|-------------|------|
| Renewal Fee         | Receipt No. | Date |