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

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

Expired Physician Controlled Substance Registration Renewal Form

Your controlled substance registration is expired. To renew your registration complete and mail this form with the renewal fee of $110.00 to the address in the top left corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question 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			
Licensee Name	License Number	Expiration Date	Renewal Fee $110
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 www.pla.in.gov for additional information regarding your license.
If you have any questions for the Medical Licensing Board of Indiana please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date