



APPLICATION FOR OPTOMETRIC LEGEND DRUG CERTIFICATE

State Form 45276 (R4 / 1-06)

Approved by State Board of Accounts, 2006

INDIANA OPTOMETRIC LEGEND DRUG PRESCRIPTION
ADVISORY COMMITTEE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2057
E-mail: pla8@pla.IN.gov

* Disclosure of your Social Security number is MANDATORY, according to IC 4-1-8-1 and this application cannot be processed without it.

FOR OFFICE USE ONLY		
Application fee	Date fee received (<i>month, day, year</i>)	Receipt number
Certificate number	Date issued (<i>month, day, year</i>)	

NOTICE: Under IC 25-26-15, any licensed optometrist who administers therapeutic legend drugs, dispenses legend drugs, or prescribes legend drugs must be certified by the Indiana Board of Pharmacy.

INSTRUCTIONS: Please complete the following information and supply supporting documentation to begin the certificate process.

Name of applicant	Social Security number *	Telephone number ()
Business name of applicant (<i>if applicable</i>)	County	
Indiana practice address (<i>number and street</i>)	Date of birth (<i>month, day, year</i>)	
City, state and ZIP code	Email address	Indiana Optometry license number
Has any previous license or certificate held by the applicant been surrendered, revoked, denied, or is pending action? (<i>if Yes, please provide details</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		

To become certified, you must complete the following and provide documentation:

1. Provide proof of education in ocular pharmacology from a school or college of optometry or medicine approved by the Indiana Optometry Board by providing a transcript of your course work from the institution; and,
2. Provide a photocopy of either a score report or a certificate proving successful completion of the Treatment and Management of Ocular Disease (TMOD) examination that is administered by the National Board of Examiners in Optometry.

I hereby apply for an Indiana Optometric Legend Drug Certificate in accordance with IC 25-26-15. I certify I have answered all questions to the best of my knowledge.

Signature of applicant	Date signed (<i>month, day, year</i>)
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