Reset Form

APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS AN EVENT PHYSICIAN

State Form 45723 (R5 / 9-11)
Approved by State Board of Accounts, 2011
INDIANA GAMING COMMISSION

INSTRUCTIONS: ***1.*** *An event physician license is an annual license that expires on September 30 of each year, regardless of the date of issuance.*

2. *The following information is required to be submitted in order to be issued an event physician license:*

(A) *Completed Application for Initial Licensure or Renewal of Licensure as an Event Physician.*
(B) *A clear photocopy of a current government issued photographic identification.*
(C) *Proof that the applicant is ACLS/ATLS certified.*
(D) *One (1) digital photograph which show head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to iac@igc.in.gov and include your name in the subject line.*

3. *The license fee for this application is $10.00. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with this application, to:*

Indiana Gaming Commission
Attention: Athletic Division
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, Indiana 46204

4. *The applicant is under a continuing duty to maintain suitability to be licensed as an event physician and must update the Commission of any changes to the information provided on this application.*

FOR OFFICE USE ONLY	
RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (*month, day, year)*	
DATE EXPIRES (*month, day, year)*	

APPLICANT INFORMATION

Full name of applicant (*first, middle, last*)	Physician's license number
Address (*number and street, city, state, and ZIP code*)	

Last 4 digits of Social Security number XXX-XX- _____	E-mail address	Primary telephone number ( )

AUTHORIZATION FOR RELEASE OF INFORMATION

Please provide your initials where appropriate.

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission.

_____ INITIALS

APPLICATION AFFIRMATION

I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Printed name of applicant	Date (*month, day, year*)