

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



**Eric J. Holcomb**  
 Governor of Indiana  
**Deborah J. Frye**  
 PLA Executive Director

### Pharmacy Intern Renewal Form

Renew online at [mylicense.in.gov](http://mylicense.in.gov) using the Register a Person option to create your login credentials. To renew by mail, send this form with the renewal fee of \$10 and required documentation to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration date you must include a \$10 late fee in addition to the \$10 renewal fee. If you answer 'Yes' to any disciplinary question below, please send a statement fully explaining the response including location, date and disposition and official documentation regarding the event with this renewal form.

#### LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

#### QUESTIONS

1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?	YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?	YES NO
3. Since you last renewed, except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?	YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	YES NO
5. Since you last renewed, have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a pharmacy intern or in any health care profession?	YES NO
6. Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen. (See below)	YES *NO

#### REQUIRED DOCUMENTATION

**Your renewal application and fee should be accompanied by one of the following:**

- (1) Notarized copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, or
- (2) Official transcripts from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy verifying your active enrollment in the Fall/Winter 2020 semester or quarter [transcript must indicate the Fall/Winter 2020 semester or quarter and verify that you are "currently enrolled", "work in progress", etc.] or recent graduation date. A transcript indicating that the previous semester or quarter completed will not be accepted as it does not verify that you are currently enrolled.

#### LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.

Signature of Applicant	Date (month, day, year)
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Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [renewal4@pla.in.gov](mailto:renewal4@pla.in.gov) or call 317-234-2067.

*\*If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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