

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



Eric J. Holcomb
 Governor of Indiana
 Lindsay M. Hyer
 PLA Executive Director

Controlled Substance Registration Renewal Form

Renew online at mylicense.in.gov using the credentials you created for your primary license. To renew by mail, send this form with the renewal fee of \$60.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. **If this document is postmarked after the license expiration date you must include a \$50 late fee.** If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. Your primary license must be active with an updated expiration date in order to renew a controlled substance registration.

PRIMARY LICENSE TYPE: Select one

- Dentist
 Physician
 Osteopathic Physician
 Podiatrist
 Veterinarian
 APRN Prescriptive Authority
 Physician Assistant
 Optometrist

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

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

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 <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> 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 I have completed the required continuing education in opioid prescribing and abuse and that the information listed on this renewal application is true, complete and correct.

Signature of Licensee	Date (month, day, year)
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Effective July 1, 2019 individuals renewing a controlled substance registration are required to have completed two hours of continuing education in opioid prescribing and abuse.

Visit www.pla.in.gov for additional information regarding your license.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date