

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



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

Pharmacist Reinstatement Form

Your license has been expired for three or more years. To reinstate, please complete this document in its entirety and submit it with the expired renewal fee of \$260.00 to the office address shown above. 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 your renewal form. Please see below for required documentation.

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

Licensee Name	License Number	Expiration Date	Renewal Fee \$260
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 disciplined, terminated, suspended, subject to any restriction, probation or have you resigned in lieu of discipline or termination from any employer related to your licensed profession?	YES NO
5. Since you last renewed, have you been denied the privilege to dispense and/or fill prescriptions for a third party payer or government run healthcare plan/program; or have you been denied the rights to handle or fill prescriptions for certain types or classes of drugs?	YES NO
6. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?	YES NO
7. Do you want to put your license in inactive status? If you answer 'Yes' the CE requirements are waived.	YES NO

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Applicant	Date (month, day, year)
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Required Documentation: Please submit the following with your form and fee:

1. Copies of certificates of completion of thirty (30) hours of continuing education within the last 2 years
2. If you are licensed in a state other than Indiana, please submit a copy of your current pharmacist license from that state.
3. Letter of Work History: Verify in writing where you have been employed and the type of work you have been doing since your license expired.
4. Since your license has been expired for more than three (3) years, the Board requires you to pass the MPJE prior to renewing your license. You may register for this exam at <http://www.nabp.net/>. The Board may or may not require additional information or documentation prior to renewing.

Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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