

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



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

Non-Resident Pharmacy Renewal

Renew online at MyLicense.IN.gov. Registration codes were provided in the renewal notices either emailed or mailed to each Pharmacy. You may also send this form with the renewal fee of \$200, to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after license expiration you must include a \$50 late fee. If you answer 'Yes' to any of the first 5 questions below, include a signed statement fully explaining the response plus any additional documentation with this renewal application.

LICENSEE INFORMATION			
Licensee Name	License Number	Expiration Date	Renewal Fee
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, has your facility or any of your pharmacists or technicians 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
2. Since you last renewed, have any of your pharmacist or pharmacy technician licenses been disciplined or are formal charges pending?			YES NO
3. Since you last renewed, has your facility's license(s) been disciplined or are formal charges pending in your state of domicile or any other state in which the facility is licensed?			YES NO
4. Since you last renewed, has your facility been denied a license or registration in any state or U.S. territory?			YES NO
5. Since you last renewed, have you had any action, discipline, or revocation on any federal registration you hold or have held?			YES NO
6. Do you receive 25% or more of your business via the internet?*			YES NO
7. Do you dispense controlled substances?			YES NO
8. Does your facility engage or plan to engage in sterile compounding?			YES NO
9. Does your facility engage or plan to engage in non-sterile compounding?			YES NO
10. Please enter your facility's DEA number:			
11. Please enter your facility's NABP number:			
12. Please enter the qualifying pharmacist's name, state of licensure, and license number.			
13. Please enter the name and email address for the qualifying pharmacist or a contact person responsible for receiving information from the board.			
14. If your facility engages in sterile compounding, how many sterile compound prescriptions does your facility dispense to Indiana patients per month?			
15. If your facility engages in non-sterile compounding, how many non-sterile compound prescriptions does your facility dispense to Indiana patients per month?			
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.			
Signature of Qualifying Pharmacist		Date (month, day, year)	

*As of January 1, 2009, an Indiana registered nonresident pharmacy that dispenses more than twenty-five percent (25%) of the pharmacy's total prescription volume as a result of an original prescription order received or solicited through the Internet must be accredited through the National Association of Boards of Pharmacy's (NABP) VIPPS program and shall obtain and display a seal of approval on their internet site and anywhere the pharmacy advertises.

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date