Pharmacy Renewal

Your pharmacy license in the state of Indiana expires on 12/31/15. Renew online at [www.pla.in.gov](http://www.pla.in.gov) or send this form with the renewal fee of $250 (includes $50 late fee) to the address above, allowing 4 weeks for processing. Make check or money order payable to ‘Indiana Professional Licensing Agency’. 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

<table>
<thead>
<tr>
<th>Licensee Name</th>
<th>License Number</th>
<th>Expiration Date</th>
<th>Renewal Fee</th>
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<td>$250</td>
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### PHONE NUMBER

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<tr>
<th>Phone Number</th>
<th>Email Address</th>
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### 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?  
   - 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?  
   - 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. Does your facility engage or plan to engage in sterile compounding?  
   - YES  
   - NO

7. Does your facility engage or plan to engage in non-sterile compounding?  
   - YES  
   - NO

### EMERGENCY SITUATION PROCEDURES

8. Does your pharmacy operate 24 hours per day / 7 days a week?  
   - YES  
   - NO

9. Does your pharmacy have a back-up power supply (e.g. generator)?  
   - YES  
   - NO

10. If your pharmacy has a back-up power supply, how long can your pharmacy operate on it without needing more fuel or other outside assistance?  
    - YES  
    - NO

11. Does your pharmacy have a continuity of operations plan (COOP)?  
    - YES  
    - NO

12. Please provide a (pharmacy) point of contact for emergencies. Contact name:  
    - Contact title:  
    - Contact email:  
    - Contact primary telephone:  
    - Contact secondary telephone:  

13. Please enter your facility's DEA number:  
14. Please enter your facility's NABP number:  
15. If your facility engages in sterile compounding, how many sterile compound prescriptions does your facility dispense to Indiana patients per month?  
16. 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 I understand the Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature of Qualifying Pharmacist</th>
<th>Date (month, day, year)</th>
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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 or call 317-234-2067.

### FOR OFFICE USE ONLY

<table>
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<tr>
<th>Renewal Fee</th>
<th>Receipt No.</th>
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