

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



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

**Pharmacy Renewal – Fee Exempt**

This Form is to be used by Pharmacies who meet the exemption requirements.

**LICENSEE INFORMATION**

Licensee Name	License Number	Expiration Date	Renewal Fee EXEMPT
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. 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?		
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:		
13. Contact title:		
14. Contact email:		
15. Contact primary telephone:		
16. Contact secondary telephone:		
17. Please enter your facility's DEA number:		
18. Please enter your facility's NABP number:		
19. If your facility engages in sterile compounding, how many sterile compound prescriptions does your facility dispense to Indiana patients per month?		
20. 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)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov).

**FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
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