

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



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

CONTROLLED SUBSTANCE REGISTRATION (CSR) INSTRUCTIONS AND INFORMATION FOR DENTISTS

Mail your completed application and fee to:

Indiana Professional Licensing Agency (IPLA)
Attn: Indiana State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Before completing and submitting your application to our office, please read all materials and information included.

FEE INFORMATION

Applicants must submit a **sixty dollar (\$60.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

ACTIVE INDIANA LICENSE

Applicants must have an **active** Indiana dental license before they can obtain an Indiana CSR. A dentist must hold one CSR in order to prescribe, administer & dispense controlled substances in the State of Indiana. An additional, separate registration is required for each practice address at which a dentist physically possesses controlled substances to administer or dispense. A separate registration is **NOT** required for each place where a dentist merely prescribes controlled substances. One valid CSR is sufficient for a dentist to prescribe controlled substances throughout the State.

INDIANA PRACTICE LOCATION

Dentists **MUST** use an Indiana practice address when applying for a CSR. A CSR will only be issued to a street address; post office boxes will not be acceptable unless accompanied by a street address. An application with an incomplete or out of state address will be returned. Dentists must notify the Indiana Professional Licensing Agency in writing of any change of address.

POSITIVE RESPONSES

If you answer "yes" to any of the questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition.

If the applicant has been **arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state**, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

DRUG SCHEDULES TO REQUEST

Dentists may apply for authorization for Schedules II through V. Schedule I controlled substances have no accepted medical use and are generally restricted to researchers only.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.

ADDITIONAL INFORMATION

Drug Enforcement Administration

After your CSR has been approved, you must also apply for a federal **Drug Enforcement Administration (DEA)** registration by going to their website (<http://www.deadiversion.usdoj.gov/>). If you have further questions, you may contact the DEA at **(317) 226-7977**.

Issuance of CSR

Upon issuance of your CSR by the Board, you will be sent an email notifying you that your CSR has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

This service will be available at [Services.IN.gov/License Express](http://Services.IN.gov/LicenseExpress) on our website at www.pla.IN.gov.

Renewal Information

All dental CSR's expire on March 1st of even numbered years. Each registrant will receive renewal information for their CSR at the same time that he or she receives renewal information for their dental license from IPLA. It is the responsibility of the dentist to renew the CSR. You may renew your CSR online at the same time you renew your dental license at the Agency's website at www.pla.IN.gov or you may request a renewal application be forwarded to you by calling our office at (317) 234-2054 or by email at pla8@pla.IN.gov.

Address Change

You are required to notify the IPLA of any address changes. Controlled substance registrations are issued for a particular purpose at a specified location. Any change of address for practitioners must be reported to the IPLA and to the appropriate professional licensing board. Your written notice must include your name, license number, profession, social security number, date of birth, and both your old and new addresses. Please send the information to: Indiana Professional Licensing Agency, Attn: State Board of Dentistry, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or fax the changes to 317-233-4236. Be sure to include your license number.

Name Change

You may have the name changed on your licensure records by submitting a copy of an official name change document such as a marriage certificate or a divorce decree or your social security card. Please send the information to: Indiana Professional Licensing Agency, Attn: State Board of Dentistry, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or fax the changes to (317)233-4236. Your letter should include your name as it is listed now, your new name, your license number, profession, social security number, and date of birth. If you want us to send you a new pocket card, please indicate in the letter that a new card is needed due to the name change.

For questions about this application, please contact (317) 234-2054. You can also **e-mail** your question to pla8@pla.IN.gov. Please visit our website for the Indiana Professional Licensing Agency at www.pla.IN.gov.