

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



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

Pharmacy Tech Training Program Renewal Form

To renew, please print and complete this form in its entirety and mail it to the office address shown above.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Contact Name	Contact Title		

INFORMATION
If your curriculum, training materials, or experiential requirements have changed or been updated since last renewal – please attach a copy of your new curriculum.

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Authority	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email pla4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date