

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



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

### Remote Dispensing Facility Renewal

To renew, send this form to the address listed above, allowing 4 weeks for processing. If you answer 'Yes' to any disciplinary question, include a signed statement fully explaining the response plus any additional documentation with this renewal application. Any affiliated controlled substance registrations should be submitted using the CSR facility renewal form.

| LICENSEE INFORMATION  |                |                         |  |
|---|----------------|-------------------------|--|
| Licensee Name   | License Number | Expiration Date         |  |
| 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                      |  |
| 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.  |                |                         |  |
| Signature   |                | Date (month, day, year) |  |

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](mailto:renewal4@pla.in.gov) or call 317-234-2067.

| FOR OFFICE USE ONLY |             |      |
|---------------------|-------------|------|
| Renewal Fee         | Receipt No. | Date |