



APPLICATION FOR ELECTRONIC DATA INTERMEDIARY (EDI)

State Form 51723 (6-11)

**INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2700
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Website: www.bop.IN.gov

INSTRUCTIONS: All EDI applications are required to be reviewed by the Board at their monthly meetings. This completed application and required documentation must be received in the Board office at least one (1) week prior to the scheduled Board meeting.

In accordance with 856 IAC 1-40, the applicant must submit information regarding how the EDI will do the following:

1. Guarantee the security of:
 - a. The prescription;
 - b. The practitioner's identity and privacy;
 - c. The patient's identity, privacy, and confidentiality; and
2. Validate the authorized practitioner's licensure status.

The applicant must also submit the following:

1. A detailed history of the EDI's experience in providing EDI services
2. A description of the infrastructure that the EDI utilizes
3. A list of other states in which the EDI is approved to do business

APPLICANT INFORMATION

Name of Electronic Data Intermediary (EDI)

Address (number and street)

City

State

ZIP code

Name of contact person

Telephone number

Fax number

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E-mail address

Website