

Signature of practitioner

## APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R15 / 6-13)
Approved by State Board of Accounts, 2013

## PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, Indiana 46204 www.pla.lN.gov

Date (month, day, year)

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please type or print all information. FOR OFFICE USE ONLY CSR number Date of issuance (month, day, year) Receipt number Application fee Date fee paid (month, day, year) DO NOT WRITE ABOVE THIS LINE **PRACTITIONERS** (Please check one box) ☐ Dentist ☐ Physician Osteopathic Physician ☐ Podiatrist ☐ Veterinarian ☐ Advanced Practice Nurse Physician Assistant Name of practitioner Specialty Telephone number Professional license number Date of birth (month, day year) Social Security number \* Name of Facility (if applicable) E-mail address Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code) Drug schedules: (Check all applicable) 2 Narcotic 3 1 2 ☐ 3 Narcotic 4 5 If your answer is Yes to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application. 1. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state: ☐ Yes ☐ No (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled nolo contendre to any offense, misdemeanor, or felony in any state? 2. Have you ever had any action, discipline or revocation on your DEA (US Drug Enforcement Administration) registration or ☐ Yes □ No entered into a Memorandum of Understanding (MOU) on said registration? **APPLICATION AFFIRMATION** I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.