



APPLICATION FOR OPTOMETRIC LEGEND DRUG CERTIFICATE

State Form 45276 (R9 / 10-17)

Approved by State Board of Accounts, 2017

**INDIANA OPTOMETRY BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-8800
E-mail: pla14@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$20.00, payable to the Indiana Professional Licensing Agency, in accordance with 852 IAC 1-10-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. Please complete the following information and supply supporting documentation to begin the certificate process.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee received (month, day, year)	Receipt number
Certificate number	Date issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

NOTICE: Under IC 25-24-3-17(a), any licensed optometrist who administers therapeutic legend drugs, dispenses legend drugs, prescribes legend drugs, or dispenses or prescribes diagnostic legend drugs must be certified by the Indiana Board of Pharmacy.

Name of applicant (last, first, middle)	Social Security number *
Business name of applicant (if applicable)	
Date of birth (month, day, year)	Place of birth (city and state or country)
Address of applicant (number and street or rural route)	City, state, and ZIP code
Telephone number (daytime) ()	E-mail address
Indiana Optometry license number	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).	
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any previous license or certificate held by the applicant been surrendered, revoked, denied, or is pending action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details.	

To become certified, you must complete the following and provide documentation:

1. Provide proof of education in ocular pharmacology from a school or college of optometry or medicine approved by the Indiana Optometry Board by providing a transcript of your course work from the institution; and,
2. Provide a photocopy of either a score report or a certificate proving successful completion of the Treatment and Management of Ocular Disease (TMOD) examination that is administered by the National Board of Examiners in Optometry.

I hereby apply for an Indiana Optometric Legend Drug Certificate in accordance with IC 25-24-3-13.
I certify I have answered all questions to the best of my knowledge.

Signature of applicant	Date signed (month, day, year)
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