



# APPLICATION FOR OPTOMETRIC LEGEND DRUG CERTIFICATE

State Form 45276 (R8 / 8-16)

Approved by State Board of Accounts, 2016

**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. All fees are non-refundable and non-transferable.
  3. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.
  4. 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 receipted (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, or prescribes legend drugs must be certified by the Indiana Board of Pharmacy.

Name of applicant	Social Security number *	Telephone number (      )
Business name of applicant (if applicable)		
Address (number and street, city, state, and ZIP code)		County
Date of birth (month, day, year)	Indiana Optometry license number	E-mail address
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.		
<p><i>To become certified, you must complete the following and provide documentation:</i></p> <ol style="list-style-type: none"> <li>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,</li> <li>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.</li> </ol>		
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)	