



APPLICATION FOR INITIAL LICENSURE OR RENEWAL OF LICENSURE AS AN EVENT PHYSICIAN

State Form 45723 (R5 / 9-11)

Approved by State Board of Accounts, 2011

INDIANA GAMING COMMISSION

INSTRUCTIONS: 1. An event physician license is an annual license that expires on September 30 of each year, regardless of the date of issuance.

2. The following information is required to be submitted in order to be issued an event physician license:

(A) Completed Application for Initial Licensure or Renewal of Licensure as an Event Physician.

(B) A clear photocopy of a current government issued photographic identification.

(C) Proof that the applicant is ACLS/ATLS certified.

(D) One (1) digital photograph which show head and shoulders only, without a hat, and in a natural pose. Please email the digital photograph to iac@igc.in.gov and include your name in the subject line.

3. The license fee for this application is \$10.00. Checks and money orders should be made payable to the Indiana Gaming Commission. Please mail, along with this application, to:

Indiana Gaming Commission
Attention: Athletic Division
101 W. Washington Street
East Tower, Suite 1600
Indianapolis, Indiana 46204

4. The applicant is under a continuing duty to maintain suitability to be licensed as an event physician and must update the Commission of any changes to the information provided on this application.

FOR OFFICE USE ONLY

RECEIPT NUMBER	
LICENSE NUMBER	
DATE ISSUED (month, day, year)	
DATE EXPIRES (month, day, year)	

APPLICANT INFORMATION

Full name of applicant (first, middle, last)		Physician's license number
Address (number and street, city, state, and ZIP code)		
Last 4 digits of Social Security number XXX-XX- _____	E-mail address	Primary telephone number ()

AUTHORIZATION FOR RELEASE OF INFORMATION

Please provide your initials where appropriate.

I hereby authorize the Indiana Gaming Commission ("Commission") to release, disclose and furnish my personal phone number and electronic mail address, to any interested party. I understand that this is an authorization to release information that is protected under IC 4-33-5-1.5(a)(3) & (11). I understand that this authorization is optional and that declining to consent to said authorization will not result in adverse action being taken by the Commission.

_____ INITIALS

APPLICATION AFFIRMATION

I hereby swear or affirm, under penalties of perjury, that the statements made in this application are true, complete, and correct.

Signature of applicant	Printed name of applicant	Date (month, day, year)
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