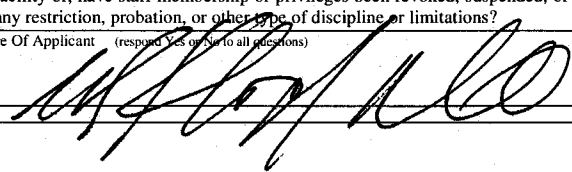


1521132

OSTEOPATHIC PHYSICIAN

Indiana Renewal Application	ULRICH G KLOPPER WOMENS PAVILION 2010 IRONWOOD CIR SOUTH BEND IN 46635	Certification Number 02000628A	Date Expires 06/30/2007	Renewal Fee \$200.00
	<p>Mail To: Indiana Professional Licensing Agency 402 West Washington Street, Room W072 Indianapolis, IN 46204</p> <p>Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.</p>	<p>SINCE YOU LAST RENEWED: (if yes to any question, attach details of action taken)</p> <p>1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined <i>or</i> are formal charges pending? YES <input checked="" type="radio"/> NO</p> <p>2. Have you been denied a license, certificate, registration, or permit in any state? YES <input checked="" type="radio"/> NO</p> <p>3. Have you been convicted of or pled guilty to a violation of a federal or state law <i>or</i> are criminal charges pending? YES <input checked="" type="radio"/> NO</p> <p>4. Have you had a malpractice judgement against you or settled a malpractice action? YES <input checked="" type="radio"/> NO</p> <p>5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations? YES <input checked="" type="radio"/> NO</p>		
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions) 	Date Signed 6/11/007	
Make Check Payable To Indiana Professional Licensing Agency		Enter change of address		

Indiana Professional Licensing Agency
 Medical Licensing Board (Group 03)
 402 W. Washington St. Room W072
 Indianapolis, IN 46204



Ulrich G Klopfer
 WOMENS PAVILION
 2010 IRONWOOD CIR
 SOUTH BEND IN 46635

JUN 11 2009

Indiana Professional
 Licensing Agency

To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee of \$200.00. Checks should be payable to: "Indiana Professional Licensing Agency".

OSTEOPATHIC PHYSICIAN Renewal Form

2997547

Indiana License Renewal Application	Ulrich G Klopfer WOMENS PAVILION 2010 IRONWOOD CIR SOUTH BEND IN 46635	License Number 02000628A	Date Expires 06/30/2009	Renewal Fee \$200.00
	SINCE YOU LAST RENEWED: (if yes to any question, attach details of action taken)			
	1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	YES	NO	
	2. Have you been denied a license, certificate, registration, or permit in any state?	YES	NO	
	3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?	YES	NO	
	4. Have you had a malpractice judgment against you or settled a malpractice action?	YES	NO	
	5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	YES	NO	
Mail To: Indiana Professional Licensing Agency 402 W Washington St, Room W072 Indianapolis, IN 46204				
Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.				
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions)		Date Signed	
Enter change of address			\$50/Late Fee if paid after 6/30/2009	

IF YOU ANSWERED "YES" to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.

If your renewal is postmarked after June 30th, you must include a \$50.00 late fee.

Online renewal information: Login ID is your primary MD/DO license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at www.pla.in.gov - use **License Express** option

Name changes: Name change requests must be made in writing - include a copy of a legal name change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

IMPORTANT INFORMATION. After January 1, 2010, a physician may not perform or supervise a procedure that requires anesthesia in an office-based setting unless the office-based setting is accredited by an accreditation agency approved by the board. A list of the board approved accrediting agencies and frequently asked questions, may be found on our website at www.pla.IN.gov

Indiana Professional Licensing Agency
Medical Licensing Board (Group 03)
402 W. Washington St. Room W072
Indianapolis, IN 46204



Ulrich G Klopfer
WOMENS PAVILION
2010 IRONWOOD CIR
SOUTH BEND IN 46635

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JUN 07 2011

Indiana Professional
Licensing Agency

Please print this entire page, complete questions, sign and return with your payment. Checks should be payable to:
"Indiana Professional Licensing Agency."

OSTEOPATHIC PHYSICIAN Renewal Form

3488735

Ulrich G Klopfer WOMENS PAVILION 2010 IRONWOOD CIR SOUTH BEND IN 46635 Mail To: Indiana Professional Licensing Agency 402 W Washington St. Room W072 Indianapolis, IN 46204	License Number 02000628A	Date Expires 06/30/2011	Renewal Fee Due \$200.00
	SINCE YOU LAST RENEWED: (if yes to any question, attach details of action)		
	1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?		YES <input type="radio"/> NO <input checked="" type="radio"/>
	2. Have you been denied a license, certificate, registration, or permit in any state?		YES <input type="radio"/> NO <input checked="" type="radio"/>
	3. Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?		YES <input type="radio"/> NO <input checked="" type="radio"/>
	4. Have you had a malpractice judgment against you or settled a malpractice action?		YES <input type="radio"/> NO <input checked="" type="radio"/>
	5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?		YES <input type="radio"/> NO <input checked="" type="radio"/>
	6. Have you been excluded from being a Medicare or Medicaid provider?		YES <input type="radio"/> NO <input checked="" type="radio"/>
7. Have you surrendered your DEA registration at any time or had any limitations or disciplines on your DEA registration?		YES <input type="radio"/> NO <input checked="" type="radio"/>	
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant <i>Ulrich G Klopfer</i>		Date Signed 6/1/2011
Enter change of address form WILL delay the processing of your renewal.			\$50 Late Fee if paid after 6/30/2011

IF YOU ANSWERED "YES" to any of the questions above, please provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.

If your renewal is postmarked after June 30th, you must include a \$50.00 late fee.

Online renewal information: Login ID is your primary MD/DO license number listed above. Password is the last four digits of your social security number. You can update your address and other demographic information during the renewal or any other time by logging in to your records online. Renew online at www.pla.in.gov - use **License Express** option.

Future email notices and newsletters will be sent via email so please make sure the Board has your correct email address.

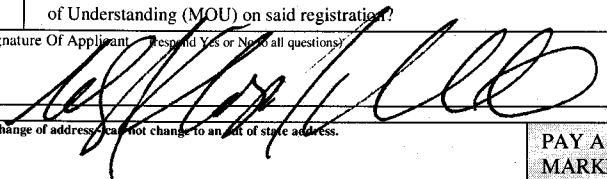
Pocket cards are no longer provided. If you wish to purchase a pocket card please go to www.pla.in.gov and click on the License Express option.

If you have questions, contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

All licensed prescribers and dispensers are eligible for an account with Indiana's Prescription Monitoring Program, better known as INSPECT. The INSPECT program provides a web-based service through which health practitioners may access patient controlled substance history information 24/7. If you are a prescriber or dispenser, or if you work with one, please visit www.in.gov/inspect to register or obtain information about the program.

1521132

CSR-OSTEOPATHIC PHYSICIAN

Indiana CSR Renewal Application	ULRICH G KLOPPER WOMENS PAVILLION 2010 IRONWOOD CIRCLE SOUTH BEND IN 46635		CSR Number 02000628B	Date Expires 06/30/2007	Renewal Fee \$60.00	
	SINCE YOU LAST RENEWED:					
	1.	Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?			YES	<input checked="" type="radio"/> NO
					YES	<input checked="" type="radio"/> NO
	2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			YES	<input checked="" type="radio"/> NO
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (Respond Yes or No to all questions) 		Date Signed 6/11/07	
Make Check Payable To Indiana Professional Licensing Agency		Enter change of address (do not change to an out of state address).			PAY A \$50.00 LATE FEE IF POST MARKED AFTER 6/30/2007	

Indiana Professional Licensing Agency
 Medical Licensing Board (Group 03)
 402 W. Washington St. Room W072
 Indianapolis, IN 46204



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Ulrich G Klopfer
 WOMENS PAVILLION
 2010 IRONWOOD CIRCLE
 SOUTH BEND IN 46635

JUN 11 2009

Indiana Professional
 Licensing Agency

Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. You must have a current practitioner license to renew your CSR. Be sure to enclose your renewal fee (\$60.00). Checks should be payable to: "Indiana Professional Licensing Agency".

2997548

CSR-OSTEOPATHIC PHYSICIAN

Indiana CSR Renewal Application	Ulrich G Klopfer WOMENS PAVILLION 2010 IRONWOOD CIRCLE SOUTH BEND IN 46635	CSR Number 02000628B	Date Expires 06/30/2009	Renewal Fee \$60.00
	SINCE YOU LAST RENEWED:			
	1.	Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES	NO NO
	2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (respond Yes or No to all questions)		Date Signed
Enter change of address - can not change to an out of state address.				

Add \$50 late fee if renewed after 6/30/2009

IF YOU ANSWERED "YES" to any of the questions above, you must provide the Controlled Substances Advisory Committee with a signed and notarized statement that explains all the related details. You must include the violation, location, date, and disposition. Malpractice claims need NOT be reported. Letters from insurance companies are not accepted in lieu of your statement. Falsification of any of the answers above is grounds for permanent revocation of a registration issued pursuant to this application.

If the above address is not valid, please provide your current address. **A controlled substance registration address must be an Indiana practice address.** To have a PO Box address you must also include the street address for processing.

You must have a current practitioner's license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license.

Online renewal information: Login ID is primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.

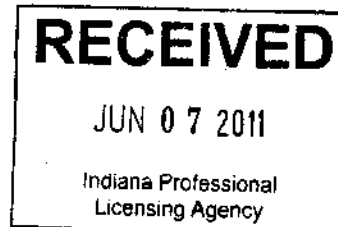
Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

Indiana Professional Licensing Agency
Medical Licensing Board (Group 03)
402 W. Washington St. Room W072
Indianapolis, IN 46204



Ulrich G Klopfer
WOMENS PAVILLION
2010 IRONWOOD CIRCLE
SOUTH BEND IN 46635



Please print this entire page, complete questions, sign and return with your \$60 payment. You must have a current MD/DO license to renew your controlled substances registration (CSR). Checks should be made payable to: "Indiana Professional Licensing Agency."

CSR-OSTEOPATHIC PHYSICIAN

3488735

Indiana CSR Renewal Application	Ulrich G Klopfer WOMENS PAVILLION 2010 IRONWOOD CIRCLE SOUTH BEND IN 46635	CSR Number 02000628B	Date Expires 06/30/2011	Renewal Fee \$60.00
	SINCE YOU LAST RENEWED:			
	1. Have you been convicted of, plead guilty or <i>nolo contendere</i> to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES	NO NO	
	2. Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO	
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (read and sign to questions) 		Date Signed 6/1/2011
Enter change of address:		Enter email address:		

Add \$50 late fee if renewed after 6/30/2011

IF YOU ANSWERED "YES" to any of the questions above, please provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.

If the above address is not valid, please provide your current address. **A controlled substance registration address must be an Indiana practice address.** To have a PO Box address you must also include the street address for processing. If you are not practicing in Indiana you should not renew your Indiana CSR.

You must have a current MD/DO license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license. If you are not practicing in Indiana, do not renew your CSR.

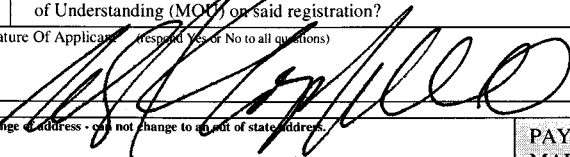
Pocket cards are no longer automatically provided. If you wish to purchase a pocket card please go to www.pla.in.gov and click on the License Express option.

Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

1521132

CSR-OSTEOPATHIC PHYSICIAN

Indiana CSR Renewal Application	ULRICH G KLOPFER FT WAYNE WOMEN S HEALTH ORGAN 2210 Inwood Drive Fort Wayne IN 46815		CSR Number	Date Expires	Renewal Fee
			02000628C	06/30/2007	\$60.00
	SINCE YOU LAST RENEWED:				
	1.	Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES	NO NO	
2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO		
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (respond Yes or No to all questions)		Date Signed	
				6/14/07	
Make Check Payable To		Enter change of address - can not change to an out of state address.		PAY A \$50.00 LATE FEE IF POST MARKED AFTER 6/30/2007	
Indiana Professional Licensing Agency					

Indiana Professional Licensing Agency
 Medical Licensing Board (Group 03)
 402 W. Washington St. Room W072
 Indianapolis, IN 46204



Ulrich G Klopfer
 FT WAYNE WOMEN S HEALTH ORGAN
 2210 Inwood Drive
 Fort Wayne IN 46815

JUN 11 2009

Indiana Professional
 LICENSING AGENCY

Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. You must have a current practitioner license to renew your CSR. Be sure to enclose your renewal fee (\$60.00). Checks should be payable to: "Indiana Professional Licensing Agency".

CSR-OSTEOPATHIC PHYSICIAN			
Indiana CSR Renewal Application	Ulrich G Klopfer FT WAYNE WOMEN S HEALTH ORGAN 2210 Inwood Drive Fort Wayne IN 46815	CSR Number 02000628C	Date Expires 06/30/2009
		Renewal Fee \$60.00	
	SINCE YOU LAST RENEWED:		
	1.	Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES
2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.	Signature Of Applicant (respond Yes or No to all questions) <i>[Signature]</i>	Date Signed 6/08/09
Enter change of address - can not change to an out of state address.			

Add \$50 late fee if renewed after 6/30/2009

IF YOU ANSWERED "YES" to any of the questions above, you must provide the Controlled Substances Advisory Committee with a signed and notarized statement that explains all the related details. You must include the violation, location, date, and disposition. Malpractice claims need NOT be reported. Letters from insurance companies are not accepted in lieu of your statement. Falsification of any of the answers above is grounds for permanent revocation of a registration issued pursuant to this application.

If the above address is not valid, please provide your current address. A controlled substance registration address must be an Indiana practice address. To have a PO Box address you must also include the street address for processing.

You must have a current practitioner's license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license.

Online renewal information: Login ID is primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.

Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

Indiana Professional Licensing Agency
Medical Licensing Board (Group 03)
402 W. Washington St. Room W072
Indianapolis, IN 46204



Ulrich G Klopfer
FT WAYNE WOMEN S HEALTH *U. Klopfer*
2210 Inwood Drive
Fort Wayne IN 46815

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JUN 07 2011

Indiana Professional
Licensing Agency

Please print this entire page, complete questions, sign and return with your \$60 payment. You must have a current MD/DO license to renew your controlled substances registration (CSR). Checks should be made payable to: "Indiana Professional Licensing Agency."

CSR-OSTEOPATHIC PHYSICIAN

3488735

Indiana CSR Renewal Application	Ulrich G Klopfer FT WAYNE WOMEN S HEALTH <i>U. Klopfer</i> 2210 Inwood Drive Fort Wayne IN 46815	CSR Number 02000628C	Date Expires 06/30/2011	Renewal Fee \$60.00
	SINCE YOU LAST RENEWED:			
	1.	Have you been convicted of, plead guilty or <i>nolo contendere</i> to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES	<input checked="" type="radio"/> <input checked="" type="radio"/>
	2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	<input checked="" type="radio"/>
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (respond to all questions) <i>Ulrich G Klopfer</i>	
Enter change of address:			Enter email address:	

Add \$50 late fee if renewed after 6/30/2011

IF YOU ANSWERED "YES" to any of the questions above, please provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.

If the above address is not valid, please provide your current address. **A controlled substance registration address must be an Indiana practice address.** To have a PO Box address you must also include the street address for processing. If you are not practicing in Indiana you should not renew your Indiana CSR.

You must have a current MD/DO license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license. If you are not practicing in Indiana, do not renew your CSR.

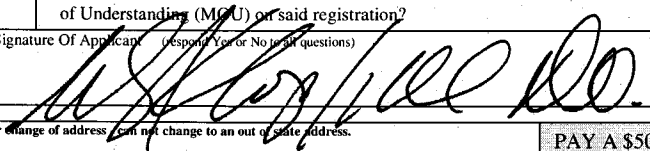
Pocket cards are no longer automatically provided. If you wish to purchase a pocket card please go to www.pla.in.gov and click on the License Express option.

Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

1521132

CSR-OSTEOPATHIC PHYSICIAN

Indiana CSR Renewal Application	ULRICH G KLOPFER 3700 BROADWAY GARY IN 46408		CSR Number 02000628D	Date Expires 06/30/2007	Renewal Fee \$60.00	
	SINCE YOU LAST RENEWED:					
	1.	Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?			YES YES	NO NO
	2.	Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			YES	NO
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (Respond Yes or No to all questions) 		Date Signed 6/11/007	
Make Check Payable To Indiana Professional Licensing Agency		Enter change of address (can not change to an out of state address).		PAY A \$50.00 LATE FEE IF POST MARKED AFTER 6/30/2007		

Indiana Professional Licensing Agency
Medical Licensing Board (Group 03)
402 W. Washington St. Room W072
Indianapolis, IN 46204



RECEIVED

Ulrich G Klopfer
3700 BROADWAY
GARY IN 46408

JUN 11 2009

Indiana Professional
Licensing Agency

Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. You must have a current practitioner license to renew your CSR. Be sure to enclose your renewal fee (\$60.00). Checks should be payable to: "Indiana Professional Licensing Agency".

CSR-OSTEOPATHIC PHYSICIAN				
Indiana CSR Renewal Application	Ulrich G Klopfer 3700 BROADWAY GARY IN 46408	CSR Number 02000628D	Date Expires 06/30/2009	
		Renewal Fee \$60.00		
		SINCE YOU LAST RENEWED:		
		1. Have you been convicted of, plead guilty or nolo contendere to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES YES	NO NO
		2. Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO
	I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (respond Yes or No to all questions) <i>[Signature]</i>	
			Date Signed 6/8/09	
Enter change of address - can not change to an out of state address.				

Add \$50 late fee if renewed after 6/30/2009

IF YOU ANSWERED "YES" to any of the questions above, you must provide the Controlled Substances Advisory Committee with a signed and notarized statement that explains all the related details. You must include the violation, location, date, and disposition. Malpractice claims need NOT be reported. Letters from insurance companies are not accepted in lieu of your statement. Falsification of any of the answers above is grounds for permanent revocation of a registration issued pursuant to this application.

If the above address is not valid, please provide your current address. **A controlled substance registration address must be an Indiana practice address.** To have a PO Box address you must also include the street address for processing.

You must have a current practitioner's license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license.

Online renewal information: Login ID is primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.

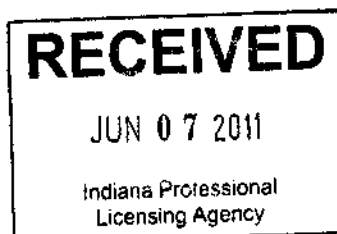
Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.

Indiana Professional Licensing Agency
Medical Licensing Board (Group 03)
402 W. Washington St. Room W072
Indianapolis, IN 46204



Ulrich G Klopfer
3700 BROADWAY
GARY IN 46408



Please print this entire page, complete questions, sign and return with your \$60 payment. You must have a current MD/DO license to renew your controlled substances registration (CSR). Checks should be made payable to: "Indiana Professional Licensing Agency."

CSR-OSTEOPATHIC PHYSICIAN			
Indiana CSR Renewal Application	Ulrich G Klopfer 3700 BROADWAY GARY IN 46408	CSR Number 02000628D	Date Expires 06/30/2011
	Renewal Fee \$60.00		
	SINCE YOU LAST RENEWED:		
	1. Have you been convicted of, plead guilty or <i>nolo contendere</i> to: a) A violation of any federal, state or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? b) To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?	YES	NO
2. Have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	YES	NO	
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.		Signature Of Applicant (respond Yes or No to all questions) <i>[Signature]</i>	Date Signed 6/1/2011
Enter change of address:		Enter email address:	

Add \$50 late fee if renewed after 6/30/2011

IF YOU ANSWERED "YES" to any of the questions above, please provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.

If the above address is not valid, please provide your current address. A controlled substance registration address must be an **Indiana practice address**. To have a PO Box address you must also include the street address for processing. If you are not practicing in Indiana you should not renew your Indiana CSR.

You must have a current MD/DO license in order to renew your controlled substances registration certificate(s). You will receive a separate renewal application for each CSR you hold - they will be mailed to each practice address of record. You will also receive a separate renewal application for your practitioner's license. If you are not practicing in Indiana, do not renew your CSR.

Pocket cards are no longer automatically provided. If you wish to purchase a pocket card please go to www.pla.in.gov and click on the License Express option.

Name changes must be done in writing - include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.

If you have questions, please contact the Medical Board by email at pla3@pla.in.gov or by phone at (317) 234-2060.