OSTEOPATHIC PHYSICIAN

	Obligating ration			
ULRICH G KLOPFER	Certification Number	Date Expires	Renewa	l Fee
WOMENS PAVILION	02000628A	06/30/2007	\$200	.00
2010 IRONWOOD CIR SOUTH BEND IN 46635	SINCE YOU LAST RENEWED: (if	yes to any question, attach details of actio	n taken)	
SOUTH BEND IN 46635	1. Has any Health Profession license,	certificate, registration, or permit yo	u hold or	YES (
	have held been disciplined or are f Have you been denied a license, ce	ormal charges pending? rtificate, registration, or permit in an	y state?	YES (
Mail TO: Indiana Professional Licensing Agency 402 West Washington Street, Room W072 Indianapolis, IN 46204	3. Have you been convicted of or pled or are criminal charges pending?	guilty to a violation of a federal or	state law	YES (
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.	Have you had a malpractice judgen Have you been denied staff memb facility or, have staff membership or any restriction, probation, or other many restriction.	privileges been revoked, suspended	l or health care	YES YES
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 off to all put	gdons)	Date Signed	100%
ke Check Payable To Enter change of an diana Professional Licensing Agency	ddress		1/	/-



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

JUN 1 1 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

USIE	OPATHIC PHYSICIAN RE	enewal Form Vi / / C			
Ulrich G Klopfer WOMENS PAVILION	License Number 02000628A	Date Expires 06/30/2009	\$200.00		
WOMENS PAVILION 2010 IRONWOOD CIR SOUTH BEND IN 46635	SINCE YOU LAST RENEWED: (if v. 1. Has any Health Profession license, held been disciplined or are formal of	certificate, registration, or permit you			
	2. Have you been denied a license, cert	Have you been denied a license, certificate, registration, or permit in any state?			
Mail To: Indiana Professional Licensing Agency 402 W Washington St, Room W072 Indianapolis, IN 46204	3. Have you been convicted of or pled criminal charges pending?	d guilty to a violation of a federal or s	tate law or are YES		
Circle the appropriate answer to questions at the right	4. Have you had a malpractice judgme	nt against you or settled a malpractice a	action? YES (No		
and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.		pership or privileges in any hospital or privileges been revoked, suspended, type of discipline or limitations?			
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 Kryhfant (ulybud Yefer No to all	questions)	Date Signed 08/08/08		
Enter change of address	TO DETO JU		\$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

<u>Name changes</u>: 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



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



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

"Indiana Professional Licensing Agency."			~	
OSTE	OPATHIC PHYSICIAN RE	enewal Form	- 348	8735
	License Number	Date Expires	Renewal free D	με
	02000628A	06/30/2011	\$200.00) I
	SINCE YOU LAST RENEWED	: (if yes to any question, attach o	letails of action	
4	Has any Health Profession license, held been disciplined or are formal of	ou hold or have	×	
	2. Have you been denied a license, cert	tificate, registration, or permit in any	state? YE	s 🔞
	3. Have you been convicted of or pleateriminal charges pending?	state law or are	s 😥	
Ulrich G Klopfer WOMENS PAVILION	4. Have you had a malpractice judgme	action? YE	s (No)	
2010 IRONWOOD CIR SOUTH BEND IN 46635	Have you been denied staff memlifacility or, have staff membership of any restriction, probation, or other types.	r privileges been revoked, suspended		<u> </u>
Mail To: Indiana Professional Licensing Agency	6. Have you been excluded from being	a Medicare or Medicaid provided?	YE	(NO)
402 W Washington St. Room W072 Indianapolis, IN 46204	Have you surrendered your DEA re- disciplines on your DEA registration	gistration at any time or had any limit	ations or YE	(Z)
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 Aprilican regular Yes No to all	questament	Date Signed	2011
Enter s hanca of address orm WILL delay the processing of your renewal.	TO TO WILL		\$50 Late Fe after 6/30/2	•

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 IID 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

CC 177	T	U.	SK-USTEUPATHIC PHYS	ICIAN			
	ULRICH G KLOPFER		CSR Number	Date Expires	Renewa	Renewal Fee	
6	WOMENS PAVILLION		02000628B	06/30/2007	\$60.	.00	
ä	2010 IRONWOOD CIRCLE		SINCE YOU LAST RENEWED:				
Renewal A	402 W. Washington St. Room W072 Indianapolis, in 46204	1.	Have you been convicted of, plead gui a) A violation of any federal, state or distribution, or dispensing of contro b)To any offense, misdemeanor or fe or are formal charges pending?	local law relating to the use, manu lled substances or are formal charg	ges pending?	YES YES	
ana CSR	Circle the appropriate answer to questions at the right and sign renewal form.		Have you ever had any action, discipled by Drug Enforcement Administration) result of Understanding (MOU) on said regressions.	gistration or entered into a Memor		YES	NO
Indiana	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.	1 -	ture Of Applicant Trespond Yes or North all question		Date Signed	100	4
	Check Payable To liana Professional Licensing Agency	nter chan	ge of address cal not change to an lot of state address	PAY	A \$50.00 LATE F KED AFTER 6/30		ST

Please Do Not Fold Application



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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".

CSR-OSTEOPATHIC PHYSICIAN

CSR Number Date Expires Ulrich G Klopfer 02000628B 06/30/2009 \$60.00 Application WOMENS PAVILLION SINCE YOU LAST RENEWED: 2010 IRONWOOD CIRCLE SOUTH BEND IN 46635 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, YES Renewal distribution, or dispensing of controlled substances or are formal charges pending? YES Mail To: Indiana Professional Licensing Agency b)To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) 402 W. Washington St. Room W072 Indianapolis, in 46204 or are formal charges pending? CSR Circle the appropriate answer to questions at Have you ever had any action, discipline or revocation on your DEA (U.S. the right and sign renewal form. Drug Enforcement Administration) registration or entered into a Memorandum YES Failure to answer questions and/or sign the Indiana of Understanding (MOU) on said registration? 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. Enter change of address - can not change to an out of sta

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.



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

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JUN 0 7 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."

		CS	R-OSTEOPATHIC PHYS	ICIAN	348	387	35
tion	Ulrich G Klopfer WOMENS PAVILLION		CSR Number 0200062813	Date Expires 06/30/2011	Rethev S60).00	
plicat	2010 MONWOOD CIRCLE SOUTH BEND IN 46635		SINCE YOU LAST RENEWED: Have you been convicted of, plead guilty or noto contendere to:				
ewal Ap		"	a) A violation of any federal, state or distribution, or dispensing of control	lled substances or are formal charg	ges pending?	YES	60
7 Ren	Mail To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204	<u> </u>	b)Fo any offense, misdemeanor or fel or are formal charges pending?	lony in any state (except minor tra	ffic laws/fines)	YES	0
iana CSR	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.	2.	Have you ever had any action, discipl Drug Enforcement Administration) re of Understanding (MQU) on said rea	gistration or entered into a Memor		YES	89
fnd	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.	Signat	ure Of Applicant prayed Very Agree Manuely		Date Si	(70	//
Ent	er change of address:		10-100	Enter em	ail address:	7	

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.

1521132

CSR-OSTEOPATHIC PHYSICIAN

		C	ok-OSTEOPATHIC PHYS	ICIAN			
	TH DIGH C M OPEN		CSR Number	Date Expires	Renew	al Fee	
5	ULRICH G KLOPFER FT WAYNE WOMEN S HEALTH ORGAN		02000628C 06/30/2007 \$60.0				
ati	2210 Inwood Drive		SINCE YOU LAST RENEWED:				
Renewal Application	Fort Wayne IN 46815 Mail To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204	1.	Have you been convicted of, plead gu a) A violation of any federal, state or distribution, or dispensing of contro b)To any offense, misdemeanor or fe or are formal charges pending?	local law relating to the use, manu olled substances or are formal charge	ges pending?	YES YES	
ana CSR	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.	2.	Have you ever had any action, discipt Drug Enforcement Administration), rof Understanding (MOV) on said reg	egistration or entered into a Memor		YES	€
İndi	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.	1 -	ture Of Application respond vesor No to all quality		Date Signed	00:	7
	Check Payable To Liana Professional Licensing Agency	inter chai	ge address of not change to the out of state darr	PAI	A \$50.00 LATE I		OST

Please Do Not Fold Application



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

JUN 11 2009

Indiana Professional

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".

		CS	SR-OSTEOPATHIC PHYS	ICIAN	2997	1550)
	G Klopfer YNE WOMEN S HEALTH ORGAN		CSR Number 02000628C	Date Expires 06/30/2009		0.00	
2210 In Fort Wa	wood Drive lyne IN 46815	1	SINCE YOU LAST RENEWED: Have you been convicted of, plead guilty or nolo contendere to:				
	D: Indiana Professional Licensing Agency Pashington St. Room W072		a) A violation of any federal, state or distribution, or dispensing of control b)To any offense, misdemeanor or fe or are formal charges pending?	s pending?	YES	6	
Circle the right	olis, in 46204 ne appropriate answer to questions at and sign renewal form. to answer questions and/or sign the form WILL delay your renewal.	2.	Have you ever had any action, discip Drug Enforcement Administration) re of Understanding (MOU) operaging	egistration or entered into a Memora		YES	6
I hereby so understand of my kno	wear or affirm under the penalties of perjury that I I and have answered the questions true to the best wledge.		are Of Applicant respond yes of Norto all oreset	S/A LLL	Date S	108	100
Enter chang	e of address - can not change to an ou	t of s	tate 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.



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

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JUN 0 7 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."

		CS	SR-OSTEOPATHIC PHYS	BICIAN	345	287	<u> シ></u>
cation	Ulrich G Klopfer FT WAYNE WOMEN S HEALTH DECAY		CSR Number 02000628C	Date Expires 06/30/2011		99 ⁷ tow)
val Applicat	2210 Inwood Drive Fort Wayne IN 46815	1.	SINCE YOU LAST RENEWED: Have you been convicted of, plead guilty or noto 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?				9
Renev	Mait To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204		b)To any offense, misdemeanor or felony in any state (except minor traffic laws/fines) or are formal charges pending?				⊗
diana CSR	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.	2.	Have you ever had any action, discip Drug Enforcement Administration) re of Understanding MOU) on paid reg	egistration or entered into a N		YES	(3)
- thd	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.	Signa	ture Of Applicant (response learning of the question	onsi ()	Date S	70	11
Ent	er change of address:		7076000	Ent	er 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.

152/132

CSR.OSTEOPATHIC PHYSICIAN

	CSR-OSTEOPATHIC PHYS	OICIAN	
ULRICH G KLOPFER	CSR Number 02000628D	Date Expires 06/30/2007	Renewal Fee \$60.00
3700 BROADWAY GARY IN 46408	SINCE YOU LAST RENEWED:		J \$00.00
Mail To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204	Have you been convicted of, plead guing a) A violation of any federal, state or distribution, or dispensing of control b) To any offense, misdemeanor or feor are formal charges pending?	local law relating to the use, manufablied substances or are formal charge	es pending?
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.	2. Have you ever had any action, discip Drug Enforcement Administration) n of Understanding (MyU) or said reg	egistration or entered into a Memora	
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 Jespon Voror No Joseph question		Date Signed 6/11/004
Make Check Payable To Indiana Professional Licensing Agency	nter change of address from not change to an out of state address	PAY	A \$50.00 LATE FEE IF POST KED AFTER 6/30/2007

Please Do Not Fold Application



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".

Ulrich G Klopfer		CSR Number	Date Expres	_	walFee
3700 BROADWAY		02000628D	06/30/2009	(\$60	0.00
GARY IN 46408	<u> </u>	SINCE YOU LAST RENEWED:			
Mail To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204		Have you been convicted of, plead guil a) A violation of any federal, state or distribution, or dispensing of control b)To any offense, misdemeanor or feror are formal charges pending?	local law relating to the use, manufa lled substances or are formal charge	es pending?	YES YES
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.	2.	Have you ever had any action, discipl Drug Enforcement Administration) re of Understanding (MOU) or said egi	gistration or entered into a Memora		YES
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.		ture Of Applicant Tress of Yor or No fall question	X/DO	Date S	18/0

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. Faisification 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.

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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.



Ulrich G Klopfer 3700 BROADWAY GARY IN 46408 RECEIVED

JUN 0 7 2011

Indiana Protessional 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."

		CS	R-OSTEOPATHIC PHYSIC	CIAN	30	-887	35
Ulrich G Klopfer 3700 BROADWAY			C5R Number 02000628D	Date Expires 06/30/2011	Royer \$60)	
plicat	GARY IN 46408		SINCE YOU LAST RENEWED:		•	i	
ana CSR Renewal Appli	Mail To: Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, in 46204		Have you been convicted of, plead guilty a) A violation of any federal, state or lot distribution, or dispensing of controlle b) To any offense, misdemeanor or felor or are formal charges pending?	cal law relating to the use, manufa d substances or are formal charge	es pending?	YES	(Z)(Z)
	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.	2.	Have you ever had any action, disciplin Drug Enforcement Administration) regi of Understanding (MOU) on said regist	stration or entered into a Memora	•	YES	(3)
jud Ind	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.	Signat	ure Of Applicant respond for the to all stressions)	1/1 KU	Date Si	1/20	//
Ent	er change of address:		70011000110	Enter ema	il 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.

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