



APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R15 / 6-13)
Approved by State Board of Accounts, 2013

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please type or print all information.

FOR OFFICE USE ONLY			
CSR number	01045854C	Date of issuance (month, day, year)	12.19.13
Receipt number	4804366	Application fee	60.00
		Date fee paid (month, day, year)	12.19.13

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS			
<i>(Please check one box)</i>			
<input type="checkbox"/> Dentist <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Osteopathic Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Veterinarian <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant			
Name of practitioner		Specialty	
Jeffrey Glazer M.D.		Obstetrics/Gynecology	
Telephone number	Professional license number	Date of birth (month, day, year)	Social Security number *
([REDACTED])	01045854	05/01/1957	[REDACTED]
Name of Facility (if applicable)		E-mail address	
[REDACTED]		[REDACTED]	
Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code)			
200 S. Meridian Street Suite 400 Indianapolis IN 46225			
Drug schedules: (Check all applicable)			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2 Narcotic	<input checked="" type="checkbox"/> 3
		<input checked="" type="checkbox"/> 3 Narcotic	<input checked="" type="checkbox"/> 4
			<input checked="" type="checkbox"/> 5

If your answer is **Yes** to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application.

1. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, <ul style="list-style-type: none"> (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled nolo contendere to any offense, misdemeanor, or felony in any state? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever had any action, discipline or revocation on your DEA (US Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION AFFIRMATION	
I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of practitioner	Date (month, day, year)
	12/16/2013

