APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R18 / 2-16)
Approved by State Board of Accounts, 2016

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: 01045854D		Date of issuance (month, day, year): 7/6/17
Receipt number: 5991521	Application fee: 60.00	Date fee paid (month, day, year): 7/5/17

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS

(Please check one box)

☐ Dentist ☒ Physician ☐ Osteopathic Physician ☐ Podiatrist ☐ Veterinarian ☐ Advanced Practice Nurse ☐ Physician Assistant ☐ Optometrist

Name of practitioner: Jeffrey Glazer		Specialty: OBGYN	
Telephone number: [redacted]	Professional license number: 01045854	Date of birth (month, day, year): 05/01/57	Social Security number *: [redacted]
Name of Facility (if applicable): Whole Woman's Health of South Bend		E-mail address: [redacted]	
Indiana practice address (number and street (may not be a PO Box), city, state, and ZIP code): 3511 Lincoln Way West, South Bend, IN 46628			

Drug schedules: (Check all applicable)

☒ ~~1~~ ☒ 2 ☒ 2 Narcotic ☒ 3 ☒ 3 Narcotic ☒ 4 ☐ 4 Limited Practice - Tramadol Only (Optometrist Only) ☐ 5

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has there been an occasion where you have *not* maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	☐ Yes	☒ No
2. Has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?	☐ Yes	☒ No
3. Have you been convicted, pled guilty, or pled *nolo contendere*, under any federal or state laws relating to any controlled substances that has *not* been expunged under IC 35-38-9?	☐ Yes	☒ No
4. Have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding (MOU) with respect to said registration?	☐ Yes	☒ No
5. Have you had any action, discipline or revocation or surrender of any professional license in any jurisdiction related to controlled substances?	☐ Yes	☒ 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: [signature]	Date (month, day, year): 6-26-17

7-6-17

RECEIVED
JUL 05 2017
Indiana Professional Licensing Agency