

STATE OF INDIANA  
ONLINE RENEWAL RECORD

Renewal Submission Date: October 31, 2019

**Person Info**

Name: Carol Lynn Dellinger

License Number: 01056172B

**Address Info**

Street Address: Indiana University Family Medicine Center  
1520 North Senate Avenue

City: Indianapolis

State: IN

Zipcode: 46202

County: Marion

Phone: [REDACTED]

Email: [REDACTED]

**Question Response Summary**

1.) Since you last renewed, 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?	N
2.) Since you last renewed, has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?	N
3.) Since you last renewed, 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?	N
4.) Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?	N
5.) Since you last renewed, have you had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?	N

**Survey Response Summary**