APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R14 / 6-07)
Approved by State Board of Accounts, 2007

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: 01042496B	Date of issuance (*month, day, year*): 9/17/08		
Receipt number: 1757762	Application fee: 60.00	Date fee paid (*month, day, year*): 9/17/08	

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS

(Please check one box)

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

Name of practitioner	Specialty
Walter T. Bowers II	Obstetrics/Gynecology

Telephone number	Professional license number	Date of birth (*month, day year*)	Social Security number *
(800) 545-2400	01042496A	28 Sep 45	[redacted]

Name of Facility (*if applicable*)	E-mail address
Clinic for Women	cfw@clinic4women.net

Indiana practice address (*number and street [may not be a PO Box], city, state, and ZIP code*)
3607 West 16th Street, #2B, Indianapolis, IN 46222

Drug schedules: (Check all applicable)

☐ 1 ☒ 2 ☒ 2 Narcotic ☒ 3 ☒ 3 Narcotic ☒ 4 ☒ 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. Have you ever been convicted of, or plead guilty or nolo contendere to: 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? ☐ Yes ☒ No
2. Have you ever been convicted of, or plead guilty or nolo contendere to: any offense, misdemeanor, or felony, in any state (except minor traffic laws/fines) or are formal charges pending? ☐ Yes ☒ No
3. 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? ☐ 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	Date (*month, day, year*)
[signature]	2 Sep 08

RECEIVED
SEP 18 2008
Indiana Professional Licensing Agency

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