

Radiopharmacy of Indianapolis  
Corporate Center North II, Building A  
6538 Corporate Drive  
Indianapolis, IN 46278  
PH: 317-347-0102

# Fax

<b>To:</b>	Toye Simmons	<b>From:</b>	Brian Hardesty
<b>Fax:</b>	830-515-1078	<b>Pages:</b>	4 (including cover page)
<b>Phone:</b>		<b>Date:</b>	3/8/2007
<b>Re:</b>	Pharmacist License and Pharmacy Permit	<b>CC:</b>	File

**Urgent**     **For Review**     **Please Comment**     **Please Reply**     **Please Recycle**

Toye,

Please see the attached letter and documents regarding Radiopharmacy of Indianapolis's new material license application.

Thanks,

Brian





**RADIOPHARMACY  
OF INDIANAPOLIS**

March 8, 2007

Toye Simmons  
Materials Licensing Branch  
U.S. NRC Region III  
2443 Warrenville Road, Suite 210  
Lisle, IL 60532-4352

**Re: New Material License Application (#315840) Pharmacist License and Pharmacy Permit**

Dear Ms. Simmons,

Attached is documentation of my Indiana pharmacist license (#26022329A) and Radiopharmacy of Indianapolis's Indiana pharmacy permit (#60006049A). Please attach to the New Material License Application (Reference #315840). I am also requesting that you formally resume my file to move toward licensure.

I look forward to your site visit on Thursday, March 29<sup>th</sup>. Please let me know if you require any additional information in preparation for your visit.

Regards,

Brian Hardesty, RPh, MBA  
Co-Owner / Facility Manger

cc: file

Your Pharmacist license, number 26022329A, is enclosed. Your license was issued 02/22/2007 and will expire 06/30/2008. Your license is void unless signed by you in ink. Please review your pocketcard and report any incorrect information to our office. You will receive your wall certificate in approximately 12 weeks.

If you have any questions, please contact the Board at (317) 234-2067.

### IMPORTANT LICENSURE INFORMATION

**ADDRESS CHANGE** - It is your responsibility to notify the Agency in writing of any change of address. You may e-mail this information to [pla4@pla.in.gov](mailto:pla4@pla.in.gov)

**NAME CHANGE** - A name change request must be accompanied by a legal name change document or you may request a *Name Change Affidavit* form by contacting our office at (317) 234-2067.

**LICENSE VERIFICATION** - To request a license verification to another state, you must forward a written request to the Agency and enclose a \$10.00 check payable to the Indiana Professional Licensing Agency.

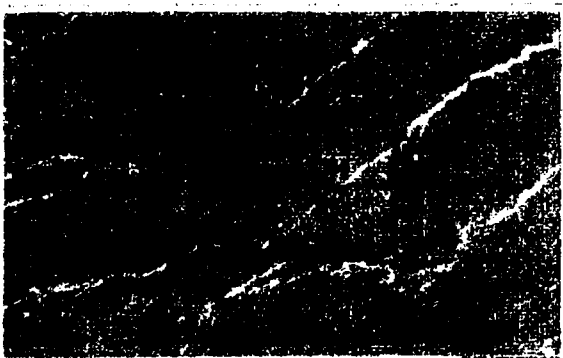
**DUPLICATE POCKET CARD LICENSE** - To request a duplicate pocket card license to replace a lost or stolen license, you must forward a written request to the Agency. There is no charge for a duplicate pocket card license.

**DUPLICATE WALL CERTIFICATE** - To request a duplicate wall certificate, you must forward a written request to the Agency and enclose a \$10.00 check payable to the Indiana Professional Licensing Agency.

**LICENSE RENEWAL** - The Indiana Professional Licensing Agency will forward a license renewal application to you approximately sixty days prior to the expiration of your license.

**CONTINUING EDUCATION** - You are required to complete 15 hours per year of continuing education or 1-½ hours per month if licensed less than a year, for the renewal of your license. The required continuing education must be completed during the licensure period beginning July 1, 2002 and ends June 30, 2004. All continuing education programs must be Board approved.

THIS LICENSE MAY BE LAMINATED



Approved By  
State Board of  
Accounts 1999

Amount Paid	Date Paid	Receipt Number
New Issue	New Issue	New Issue



**Person Information**

**Name:** Radiopharmacy of Indianapolis, LLC  
**Birth:**

**Address Information**

**Address:**  
6538 Corporate Drive  
Indianapolis IN 46278

**License Information**

**License No:** 60006049A  
**Profession:** Pharmacy Board  
**License Type:** Pharmacy Nuclear (V)  
**Obtained By:** Application  
**Issue Date:** 3/8/2007  
**Expiration Date:** 12/31/2007  
**License Status:** Active

**Previous Action**

Previous Action- None

**You may close this window to return to your search results**

- If this license shows disciplinary action as the status or previous action above, click here to search for **Litigation Documents**.
- If this practitioner has disciplinary action indicated above by the license status (Probation, Revoked, Suspended, etc) or has Previous Action indicated, you can link to the board and e-mail the board staff for more information. **Click Here**

**Related Licenses**

<b>For:</b>	Radiopharmacy of Indianapolis, LLC	Lic#: <b>60006049A</b>	Pharmacy	Status: Active
<b>Primary:</b>	STEPHEN L PIEPENBRINK	Lic#: <b>26016569A</b>	Pharmacist	Status: Active Relationship: <b>Managing Pharmacist</b>