

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
 Governor of Indiana
Deborah J. Frye
 PLA Executive Director

Athletic Trainer License Renewal

Renew online at www.pla.in.gov using the Register a Person option to create your login credentials. To renew by mail, send this form with the renewal fee of \$50.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after the license expiration date you must include a \$50 late fee. If you answer 'Yes' to any question 1-5 or 'No' to question 7 below, send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City		State	Zip Code
Phone Number		Email Address	
QUESTIONS			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state (including Indiana) or U.S. territory or surrendered your license?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?			YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES NO
6. Since you last renewed, have you worked as an AT or signed your name as one?			YES NO
7. Have you completed the required continuing education?			YES NO
8. Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen. (*See below.)			YES NO*
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

**If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

Visit us on the web at www.pla.in.gov. If you have any questions for the Athletic Trainer Board please email pla10@pla.in.gov or call 317-234-3022.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date