

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



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

Health Facility Administrator CE Provider Renewal Form

Renew online at www.pla.in.gov or send this form with the renewal fee of \$100 and advertising brochures to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration date you must include a \$50 late fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee Included
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

RENEWAL REQUIREMENTS
Pursuant to 840 IAC 1-3-2, a sponsor of Health Facility Administrators level continuing education courses shall submit by January 31 st of each year the following information to request renewal:
(1) This renewal application.
(2) Pay a renewal fee of one hundred dollars (\$100) or one hundred and fifty dollars (\$150) if expired.
(3) Send a copy of the advertising brochure for your Health Facility Administrator programs

LICENSEE AFFIRMATION	
My signature below indicates our desire to renew the CE Sponsor relationship for another year and that we agree to periodic monitoring of our programs.	
Signature of Licensee	Date (month, day, year)

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date