

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



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

**Behavioral Health and Human Services Renewal**

You may renew your license online at [www.pla.in.gov](http://www.pla.in.gov). Create your login credentials using the Register a Person option. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$50.00 to the office address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration, you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below, send a detailed statement regarding the response with this form.

| <b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>   |                      |                         |                         |
|--|----------------------|-------------------------|-------------------------|
| Enter Licensee Name  | Enter License Number | Expiration Date         | Renewal Fee<br>\$100.00 |
| Street Address   |                      |                         |                         |
| City   | State                | Zip Code                |                         |
| Phone Number   | Email Address        |                         |                         |
| <b>QUESTIONS</b>   |                      |                         |                         |
| 1. Since you last renewed, has any healthcare 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 or U.S. territory?  |                      |                         | 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. 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*                 |
| <b>RETIRED STATUS CHANGE</b>   |                      |                         |                         |
| 7. Do you want to put your license in retired status? If yes, the fee and CE are waived. You cannot practice in retired status. Associate licenses do not have retired status.   |                      |                         | YES NO                  |
| <b>LICENSEE AFFIRMATION</b>  |                      |                         |                         |
| I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Behavioral Health and Human Services Licensing Board statutes and rules 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 at [www.pla.in.gov](http://www.pla.in.gov) for more information regarding your license, or email the Board at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

| <b>FOR OFFICE USE ONLY</b> |             |      |
|----------------------------|-------------|------|
| Renewal Fee                | Receipt No. | Date |