

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



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

## Acupuncture - DC Renewal

Your Acupuncture-DC license in the state of Indiana expires on 7/1/2020. To renew by mail, please send this form with the renewal fee of \$100.00 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 7/1/2018 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form. **You must have an active Chiropractic license prior to renewing your Acupuncture license.**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$100.00
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?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state (including Indiana) 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 <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state or U.S. territory?			YES NO
4. Since you last renewed, have you been denied, a license, certificate, registration, or permit in any state (including Indiana) or U.S. territory or have you surrendered your license?			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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subject to any restrictions, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or termination?			YES NO
6. Since you last renewed, have you been treated for or received a diagnosis for drug or alcohol abuse or addiction?			YES NO
7. Since you last renewed, have you been subject to an investigation by a regulatory agency concerning any license?			YES NO
8. Since you last renewed, have you been excluded as a Medicare or Medicaid provider?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee			Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board please email [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date