

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 CE Sponsor Renewal Form

Renew online at www.pla.in.gov using the Register a Business option to create your login credentials. Registration codes were provided in the renewal notices either emailed or mailed to each sponsor. You may also send this document with the renewal fee of \$50.00 to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency.' If this form is postmarked after expiration, you must include a \$50.00 late fee in addition to the renewal fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	Enter License Number	Expiration Date	Renewal Fee
Street Address			
City		State	Zip Code
Phone Number		Email Address	
Sponsor Contact Person			
LICENSEE AFFIRMATION			
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.			
Signature of Sponsor Representative			Date (month, day, year)

Please submit a letter with the completed renewal form and fee if any of the following have occurred since your organization was granted approval, or since your last renewal:

- The name of the organization has changed (include date of name change).
- The name of the contact person within the organization has changed.
- If your organization has been approved to provide continuing education by any other state licensing boards or any national organizations (include date of approval).

Visit www.pla.in.gov for additional information regarding your license.

If you have any questions for the Behavioral Health and Human Services Licensing Board please email pla8@pla.in.gov or call 317-234-2054.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date