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



Governor of Indiana
Deborah J. Frye
PLA Executive Director

Doctor of Veterinary Medicine 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 \$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 the license expiration date you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question 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 Numl	ber	Expiration Date	Ren	newal F	ee	
Street Address							
			T				
City	State		Zip Code				
Phone Number	Email Address						
	QUESTIONS						
1. Since you last renewed, has any professional 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 malpract	tice judgment agair	nst you or se	ttled a malpractice a	iction?	YES	NO	
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or clinic or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?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*	
	INACTIVE STATUS	S					
Do you want to put your license in inactive status? The fee and CE requirements are waived for inactive status, but you must answer all questions above and sign and date below. A veterinarian may not maintain an office or otherwise practice veterinary medicine in the state of Indiana on inactive status.					YES	NO	
	CENSEE AFFIRMAT						
I hereby swear or affirm under the penalties of perjuunderstand the Indiana Board of Veterinary Medical the best of my knowledge.	-		-				
Signature of Licensee							
*If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as							

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including continuing education requirements and name change requests. If you have any questions for the Indiana Board of Veterinary Medical Examiners please email pla8@pla.in.gov or call 317-234-2054.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		

^{*}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.SC. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.