

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



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

Inactive Podiatrist 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 inactive renewal fee of \$50.00 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. You cannot hold a CSR on inactive status.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee
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 in any state or U.S. territory?	YES NO
2. Since you last renewed, have you been denied or surrendered 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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?	YES NO
6. Since you last renewed, have you had any addiction or treatment for addiction to alcohol or a chemical substance?	YES NO
7. Since you last renewed, have you had any physical injury or disease or mental illness that affected or may affect your ability to practice podiatric medicine?	YES NO

Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:

I am a United States Citizen am a qualified alien (as defined under 8 U.S.C. § 1641)

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I (1) do not maintain an office for the practice of podiatric medicine and (2) that I do not charge for any podiatric medical services that I might render, understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at www.pla.in.gov. If you have any questions for the Board of Podiatric Medicine please email renewal3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date