

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



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

### Physical Therapist/Physical Therapy Assistant Renewal

Renew online at [www.pla.in.gov](http://www.pla.in.gov). To renew by mail, send this form with the renewal fee of \$100 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 expiration 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. If you indicate you are a qualified alien as defined under 8 U.S.C. § 1641 and not a U.S. citizen, please provide documentation from USCIS that shows proof of your qualified alien 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 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 malpractice judgment against you or settled a malpractice action?  |                |  | YES NO      |
| 5. Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice in physical therapy or as another health care professional?  |                |  | YES NO      |
| Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that:  |                |  |             |
| <input type="checkbox"/> I am a United States Citizen  |                | <input type="checkbox"/> I 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 understand and have met the continuing competency requirements for renewal, understand the Physical Therapy Board 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) for additional information regarding your licensure or email the Board at [pla14@pla.in.gov](mailto:pla14@pla.in.gov) with any questions.

| FOR OFFICE USE ONLY |             |      |
|---------------------|-------------|------|
| Renewal Fee         | Receipt No. | Date |