

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



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

Nursing Licensure Compact License Renewal Form

This form is for the practitioner with an expired Compact license in Indiana that

- holds an active Licensed Practical or Registered Nurse license in Indiana
OR
- has already renewed a Licensed Practical or Registered Nurse license in Indiana.

Send this form with the renewal fee of \$25.00 and proof your current state of residence is Indiana to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. 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 Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Acceptable Primary State of Resident (PSOR) documents			
<p>To hold the Compact license in Indiana, licensees must prove Indiana as their state of legal residence by submitting a copy of one of the following documents:</p> <ul style="list-style-type: none"> • Driver's license with home address • Voter registration card with home address • W2 form declaring primary state of residence • Federal income tax return including state of residence <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Military form no. 2058 citing primary state of residence 			
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Nursing 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. If you have any questions for the State Board of Nursing please email pla2@pla.in.gov or call 317-234-2043.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date