

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



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

### Licensed Practical and Registered Nurse Renewal Form

You may renew online at [www.pla.in.gov](http://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 \$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.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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 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 ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?			YES NO
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?			YES NO
7. 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*
<b>The question below is only for licensees holding an active Nursing Licensure Compact license in Indiana</b>			
Do you wish to renew your Compact license at this time? (must include additional \$25 Compact renewal fee if yes)			YES NO
<b>LICENSEE AFFIRMATION</b>			
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)	

*\*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.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the State Board of Nursing please email [pla2@pla.in.gov](mailto:pla2@pla.in.gov) or call 317-234-2043.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date