

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 Acupuncturist Reinstatement

Your acupuncture license in the state of Indiana has been expired for 3 or more years. To reinstate, send this form with the renewal fee of \$250.00 and your NCCAOM certification 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 \$250 |
| 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 a license, certificate, registration or permit in any state (including Indiana) or U.S. territory, or surrendered your license in lieu of discipline? | YES | NO | |
| 3. Is your NCCAOM currently invalid, expired or inactive? | YES | NO | |
| 4. 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 <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state or U.S. territory? | YES | NO | |
| 5. Since you last renewed, have you been admonished, censured, reprimanded, terminated or requested to withdraw, resign or retire from any hospital or health care facility or employer in which you have trained, held staff membership or privileges, acted as a consultant or been employed or have you resigned in lieu of discipline? | YES | NO | |
| 6. Are you now being, or have you ever been treated for drug or alcohol abuse or addiction? | YES | NO | |
| 7. Since you last renewed, have you been the subject of an investigation by a regulatory agency concerning any licenses? | YES | NO | |
| 8. 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. | YES | *NO | |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand Medical Licensing Board of Indiana 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 Medical Licensing Board please email pla3@pla.in.gov or call 317-234-2060.

**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.*

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