

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



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

Massage Therapy Reinstatement

Your massage therapy certification in the state of Indiana is expired. To reinstate, please complete this document in its entirety and submit it with the reinstatement fee of \$250, required proof of insurance, and a letter of work history detailing employment since expiration to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

CERTIFICATE HOLDER INFORMATION: Update address, if needed, and provide a current phone number and email address			
Certificate Holder Name	Certificate Number	Expiration Date	Reinstatement Fee \$250
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. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	YES NO
5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?	YES NO
6. Do you have professional liability insurance?	YES NO
7. 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*

REQUIRED DOCUMENTATION
Professional Liability Insurance: You are required to hold professional liability insurance in order to practice massage therapy in the State of Indiana. You may submit a copy of your certificate of insurance by mail with this form, via email to pla14@pla.in.gov, or go to MyLicense.IN.gov and use the "License Update" feature to upload a copy of your certificate of insurance.

CERTIFICATE HOLDER AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Massage Therapy statutes and rules, and have answered the questions true to the best of my knowledge.	
Signature of Certificate Holder	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. If you have any questions for the State Board of Massage Therapy please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date