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



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

Optometry License Reinstatement

Your Optometrist license in the state of Indiana has been expired for more than three years. To renew, please complete this document in its entirety and submit it with the reinstatement fee of \$334 and required documentation detailed below to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question below, send a detailed statement regarding the response with this form.

LICENSEE INFORMATION: Update address					ail addre	ss
Licensee Name	License Num		xpiration Date		tatement \$334	
Street Address		·				
City	State	Zip Code				
Phone Number	Email Address					
	QUESTIONS					
have held been disciplined or are formal charges pending in any state or U.S. territory?						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?						NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?					YES	NO
5. Have you been denied staff membership or p membership or privileges been revoked, susp other type of discipline or limitations?				on, or	YES	NO
You cannot practice optometry in inactive status in the State of Indiana.					NO	
Pursuant to IC 12-32-15 and IC	12-32-1-6, I swea	r under the	penalty of perjury	y that:		
☐ I am a United States Citizen ☐ I am a qualified alien (as defined under 8 U.SC. § 1641)						
	ENSEE AFFIRM					
I hereby swear or affirm under the penalties of per requirements for renewal, understand the Indiana questions true to the best of my knowledge.						
Signature of Licensee		Date (mon	th, day, year)			

Required Documentation: Copies of your continuing education certificates fulfilling your requirements since your license lapsed, letter of work history, and verification of all state licenses held. Upon submission of all items you will be required to personally appear before the Board at their next scheduled meeting. At your appearance the Board will determine if you will need to complete any remediation and/or additional training as deemed appropriate given the lapse of time of your license.

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Optometry Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY					
Renewal Fee	Receipt No.	Date			