

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



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

Inactive to Active Status Optometrist Renewal Form

To change your status from inactive to active, please complete this document in its entirety and submit it with the fee of \$115.00 along with **copies** of **40 hours** of completed continuing education to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expires, you must include a \$50 late fee. Allow at least 4 weeks for processing. If you answer 'Yes' to any question 1-5 below, send a detailed statement regarding the response with this form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$115
Street Address			
City		State	Zip Code
Phone Number		Email Address	
QUESTIONS			
1. Since you last renewed, has any health 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. 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations- or have you resigned in lieu of discipline or termination?			Yes No
Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:			
<input type="checkbox"/> I am a United States Citizen		<input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641)	
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana Optometry Board 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 Indiana Optometry Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date