

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



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

Residential Care Administrator Reinstatement

Your Residential Care Administrator license in the state of Indiana has been expired for 3 or more years. To reinstate, send this form with the renewal fee of \$200 and required documentation (listed below) 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 |
| 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. Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Health Facility Administrator or as another health care professional? | YES | NO | |
| 5. 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* | |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for active renewal, understand the Indiana Board of Health Facility Administrators 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.*

Required Documentation:

1. Submit of letter of work history or resume documenting what you have been doing since the Indiana license expired.
2. License verification of 1 current license.
3. Copy of the current 40 continuing education certificates

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Health Facility Administrators please email pla10@pla.in.gov or call 317-234-3022.

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