

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



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

Occupational Therapist / Occupational Therapy Assistant License Renewal

Renew online at mylicense.in.gov, create your login credentials using the Register a Person option, or send this form with the renewal fee of \$100 to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration you must include a \$50 late fee. 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 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 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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?	YES NO
6. 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 and have met the continuing competency requirements for renewal, understand the Occupational Therapy Committee statutes and rules, and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Continuing competency requirements are viewable online at: www.pla.in.gov. You do not need to send C.C. documentation with your renewal application. You will be contacted by the Board if selected for a random C.C. audit.

**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 Occupational Therapy Committee please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date