

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



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

Physician Assistant Renewal

Renew online at www.pla.in.gov or send this form with the renewal fee of \$50 (active) or \$25 (inactive) to the address 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. If you indicate you are a qualified alien as defined under 8 U.S.C. § 1641 and not a U.S. citizen, please provide documentation from USCIS that shows proof of your qualified alien status.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$50 Active/ \$25 Inactive
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 (including Indiana) or U.S. territory or surrendered your license?	YES NO
3. Since you last renewed, have you been disciplined or terminated by your employer while practicing as a physician assistant, denied staff membership or privileges in any health care facility, have staff privileges been revoked, suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?	YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for drug or alcohol abuse or addiction?	YES NO
5. 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
6. Since you last renewed, have you been excluded as a Medicare or Medicaid provider?	YES NO
7. Since you last renewed, have you allowed your NCCPA certificate to lapse or expire?	YES NO

INACTIVE STATUS CHANGE	
8. Do you want to put your license in inactive status? If you answer 'Yes' (or your license is already in an inactive status) the renewal fee is \$25.00. You are not required to have a supervising physician or a current NCCPA certificate while on inactive status. You cannot hold a Physician Assistant CSR on inactive status.	YES NO

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 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 the Physician Assistant Committee statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at www.pla.in.gov. If you have any questions for the Physician Assistant Committee please email renewal3@pla.in.gov call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date