

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



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

### Respiratory Care Practitioner Reinstatement

Your Respiratory Care Practitioner license in the state of Indiana is expired. To reinstate, please complete this document in its entirety and submit it with the renewal fee of \$100 to the PLA office address. Because your license has been expired for 3 years or longer, you may be required to make a personal appearance before the Committee. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-6 below send a detailed statement regarding the response with your renewal form. Please read all questions carefully as they may have changed since the previous renewal

#### LICENSEE INFORMATION: Enter all information in the boxes below.

Licensee Name	License Number	Expiration Date	CE Hours	Renewal Fee Included: \$100
Street Address				
City		State	Zip Code	
Phone Number		Email Address		

#### QUESTIONS

1. Since you last renewed, has any healthcare 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?	YES	NO
6. Since the time of your license expiration, have you engaged in the practice of Respiratory Care in the State of Indiana?	YES	NO
7. 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 education requirements for renewal, understand the Indiana Respiratory Care 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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*\*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 [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your registration and continuing education requirements. If you have any questions for the Respiratory Care Committee please email [pla14@pla.in.gov](mailto:pla14@pla.in.gov) or call 317-234-8800.

#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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