

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 Renewal

Renew online at mylicense.in.gov using the Register a Person option to create your login credentials. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$50.00 to the PLA office address. If this document is postmarked after the license expiration date you must include a \$50 late fee. 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: Enter all information in the boxes below.

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 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?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. 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)

**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 for additional information regarding your registration.

If you have any questions for the Respiratory Care Committee please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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