

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



**Eric J. Holcomb**  
*Governor of Indiana*  
**Lindsay M. Hyer**  
*PLA Executive Director*

### Chiropractor License Activation Form

To re-activate your inactive license complete and mail this document with the renewal fee of \$115.00 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-5 below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee \$115.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or termination?			YES NO
<b>LICENSEE AFFIRMATION</b>			
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 Board of Chiropractic Examiners statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

For additional information, please visit us at [www.in.gov/pla/](http://www.in.gov/pla/).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date