

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



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

**Occupational Therapist / Occupational Therapy Assistant License Reinstatement**

Your license has been expired for three or more years. Please send this form with the reinstatement fee of \$200 and the required documentation listed below to the address above, allowing 4 weeks for processing. 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 reinstatement form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$200
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?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
<b>LICENSEE AFFIRMATION</b>			
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)	

**Required Documents:** Please include the following with your form and fee.

1. Copies of Continuing Competency certificates of completion completed since your license expired
2. Letter of Work history detailing your work since your license expired
3. Verification for any and all licenses ever held
4. Personal appearance before the Committee may be schedule (they may request you retake the examination)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov).

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