



OUT-OF-STATE TELEHEALTH PRACTITIONER CERTIFICATION

State Form 56084 (R7 / 5-23)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 232-2960
www.pla.IN.gov

- INSTRUCTIONS:**
1. *This Out-of-State Telehealth Practitioner Certification ("Certification") is required by Indiana Code § 25-1-9.5-9.*
 2. *This Certification must be completed and filed with the Indiana Professional Licensing Agency before the out-of-state practitioner may establish a provider-patient relationship or issue a prescription under Indiana Code § 25-1-9.5-8 for an individual located in Indiana. **Important Note: Most out-of-state practitioners are required to hold an Indiana license in order to provide telehealth services under this Certification. Please refer to Indiana Code § 25-1-9.5 for the specific requirements.***
 3. *An out-of-state practitioner may not establish a provider-patient relationship or issue a prescription under Indiana Code § 25-1-9.5-8 unless and until the practitioner's employer or the practitioner's contractor has filed a similar certification with the Indiana Professional Licensing Agency.*
 4. *In accordance with Indiana Code § 25-1-9.5-9(c), when applicable, a practitioner is required to renew this Certification at the time the practitioner renews the practitioner's license.*

PRACTITIONER INFORMATION

The out-of-state practitioner is:

- An athletic trainer licensed under IC 256-5.1.
- A chiropractor licensed under IC 25-10.
- A dental hygienist licensed under IC 25-13.
- A dentist licensed under IC 25-14.
- An individual who holds a dental residency permit issued under IC 25-14-1-5.
- An individual who holds a dental faculty license under IC 25-14-1-5.5.
- A diabetes educator licensed under IC 25-14.3.
- A genetic counselor licensed under IC 25-17.3.
- A physician licensed under IC 25-22.5.
- An individual who holds a temporary permit (temporary medical permit) under IC 25-22.5-5-4.
- A nurse licensed under IC 25-23.
- An occupational therapist licensed under IC 25-23.5.
- An occupational therapy assistant licensed under IC 25-23.5.
- Any behavioral health and human services professional licensed under IC 25-23.6.
- An optometrist licensed under IC 25-24.
- A pharmacist licensed under IC 25-26.
- A physical therapist licensed under IC 25-27.
- A physical therapist assistant certified under IC 25-27-1-6.3.
- A physician assistant licensed under IC 25-27.5.
- A podiatrist licensed under IC 25-29.
- A psychologist licensed under IC 25-33.
- A respiratory care practitioner licensed under IC 25-34.5.
- A speech-language pathologist or audiologist licensed under IC 25-35.6.
- A clinical fellow in speech-language pathology.
- A veterinarian licensed under IC 25-38.1.
- A behavior analyst licensed under IC 25-8.5. **Per IC 25-1-9.5-3.5(c), this includes a behavior analyst during the time in which the Indiana Professional Licensing Agency is preparing to implement licensure of behavior analysts under IC 25-8.5. IC 35-1-9.5-3.5(c) expires on January 1, 2025.**
- A student who is pursuing a course of study in, or is a graduate from, a program in a profession specified in IC 25-1-9.5-3.5(a)(1) through IC 25-1-9.5-3.5(a)(22); and is providing services directed by an individual who holds a license in Indiana for that profession. **Note: A student will not be able to provide a personal license number. Please provide the license number of your supervisor who holds an Indiana license for the profession.**
- A school psychologist licensed by the Indiana Department of Education. **Note: School psychologists are licensed by the Indiana Department of Education. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Department of Education.**
- A developmental therapist enrolled by the Bureau of Child Development Services to provide special instruction, as defined in 34 CFR 303.13(b)(14), to infants and toddlers receiving early intervention services. **Note: Developmental therapists are credentialed by the First Steps Program of the Division of Disability and Rehabilitative Services – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**
- A peer as defined in IC 12-21-8-5 and certified by the Division of Mental Health and Addiction. **Note: Peers are certified by the Division of Mental Health and Addiction – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**

A qualified behavioral health professional or other behavioral health professional within a community mental health center. **Note: Qualified behavioral health professionals or other behavioral health professionals who provide services within a community mental health center are certified by the Division of Mental Health and Addiction – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**

Name of out-of-state practitioner

Indiana License number of out-of-state practitioner

Address of out-of-state practitioner (*number and street, city, state, and ZIP code*)

Telephone number of out-of-state practitioner

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E-mail address of out-of-state practitioner

Name of entity employing or contracting with out-of-state practitioner

CERTIFICATION

The out-of-state practitioner agrees to be subject to:

- 1) The jurisdiction of the courts of law of Indiana; and,
- 2) Indiana substantive and procedural laws concerning any claim asserted against the practitioner arising from the provision of health care services under IC § 25-1-9.5 to an individual who is located in Indiana at the time the health care services were provided.

The filing of this Certification constitutes a voluntary waiver by the practitioner of any respective right to avail themselves of the jurisdiction or laws other than those specified in IC 25-1-9.5-9(b) concerning the claim.

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Signature

Date signed (*month, day, year*)

Printed name