

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



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

Date: \_\_\_\_\_

I, \_\_\_\_\_, and I, \_\_\_\_\_, as the collaborating  
(Advanced Practitioner's Name) (Physician's Name)

practitioner, do hereby swear under penalties for perjury that the following statement is true:

**Between November 1, 2021 and October 31, 2023, we have operated within the terms of our collaborative practice agreement, the requirements of this chapter, and administrative rules of the Indiana State Board of Nursing.**

Advanced Nurse Practitioners license number - \_\_\_\_\_

\_\_\_\_\_  
(Printed Signature)

\_\_\_\_\_  
(Signature)

Physician license number - \_\_\_\_\_

\_\_\_\_\_  
(Printed Signature)

\_\_\_\_\_  
(Signature)