

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



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

Acupuncture - DDS Renewal

Renew online using Access Indiana Single Sign-on at MyLicense.IN.gov with your primary dentist license. To renew by mail, send this form with the renewal fee of \$100.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after license expiration you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form. **You must have an active Dentist license prior to renewing your Acupuncture license.**

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

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 health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state (including Indiana) or U.S. territory or surrendered your license in lieu of discipline?	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 <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state or U.S. territory?	YES NO
4. Since you last renewed, have you been admonished, censured, reprimanded, terminated, or requested to withdraw, resign or retire from any hospital or health care facility or employer in which you have trained, held staff membership or privileges, acted as a consultant or been employed or have you resigned in lieu of discipline?	YES NO
5. Are you now being, or have you ever been treated for drug or alcohol abuse or addiction?	YES NO
6. Since you last renewed, have you been subject to an investigation by a regulatory agency concerning any license?	YES NO

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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