

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 Reinstatement Form

Your license has been expired for over three years. To reinstate your license by mail, please complete this document in its entirety and submit it with the reinstatement fee of \$200.00 along with copies of your continuing education certificates to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below, send a detailed statement regarding the response with your renewal form. You may be required to make a personal appearance before the Board.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address				
Licensee Name	License Number	Expiration Date	CE Required	Reinstatement Fee \$200.00
Street Address				
City		State	Zip Code	
Phone Number		Email Address		
QUESTIONS				
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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or termination?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
6. Have you engaged in the practice of chiropractic medicine in the State of Indiana since the expiration of your chiropractor license?				YES NO
LICENSEE AFFIRMATION				
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the 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/.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date