

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



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

Health Facility Administrator Renewal

Renew online using Access Indiana Single Sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$100.00 and continuing education documentation to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If postmarked after expiration, include a \$50 late fee. If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form.

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 professional 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 <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 ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Health Facility Administrator or as another health care professional?			YES NO
5. Please select the license status. You must renew to inactive status if you have not completed your required CE hours or not renew at all. You cannot work with an inactive license.			ACTIVE INACTIVE
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for active renewal, understand the Indiana Board of Health Facility Administrators statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Continuing Education: You must obtain at least forty (40) hours of continuing education during each two (2) year licensing period. If you are not currently or previously licensed in another state, you will not be required to complete the continuing education requirements for the two (2) year licensing period in which your license is issued.

For additional information, please visit us at www.in.gov/pla/.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date