

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



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

**Optometrist Activation Form**

To change your status from inactive to active, please complete this document in its entirety and submit it with the fee of \$50.00 along with **copies of 40 hours** of completed continuing education to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question 1-5 below, send a detailed statement regarding the response with this form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Activation Fee
Street Address			
City		State	Zip Code
Phone Number		Email Address	
<b>QUESTIONS</b>			
1. Since you last renewed, has any health 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 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations- or have you resigned in lieu of discipline or termination?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
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana Optometry Board statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date