

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



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

**Occupational Therapist / Occupational Therapy Assistant License Renewal**

Renew online using Access Indiana Single Sign-on at [MyLicense.IN.gov](http://MyLicense.IN.gov). To renew by mail, send this form with the renewal fee of \$100 to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration, you must 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.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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 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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline – or have you resigned in lieu of discipline or termination?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 competency requirements for renewal, understand the Occupational Therapy Committee statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Continuing competency requirements are viewable online at: [www.pla.in.gov](http://www.pla.in.gov). You do not need to send C.C. documentation with your renewal application. You will be contacted by the Board if selected for a random C.C. audit.

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