Indiana Board of Accountancy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-3022
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

CPA Expired Under 3 Years Reinstatement

Your certified public accountant license has expired. To renew your license complete and mail this application with the reinstatement fee of $155.00 to the address in the top right corner. Please read below regarding required reinstatement documentation. Make check or money order payable to "Indiana Professional Licensing Agency". If you answer 'Yes' to any question below, please send a detailed statement regarding the response with this application, by email to pla10@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Reinstatement Fee $155.00
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?	Yes ☐	No ☐
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	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?	Yes ☐	No ☐
CONTINUING EDUCATION VERFICIATION		
4. Since you last renewed your license have you completed the continuing professional Education requirement pursuant to IC 25-2.1-4-5 and 872 IAC 1-3?	Yes ☐	No ☐ N/A* ☐ *if renewing Inactive
5. Do you want to renew to active or inactive status (check one)?	Active ☐	Inactive ☐

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Required Documentation: Completed reinstatement form, reinstatement fee, letter of work history detailing time since expiration of license, CPE worksheet and certificates meeting requirements pursuant to IC 25-2.1-4-5.

Visit us at www.pla.in.gov for more information regarding your license, or email the Board at pla10@pla.in.gov.

"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at www.in.gov/cutredtape." -Nicholas W. Rhoad, Executive Director

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date