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

Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

Prelicense Education Provider Renewal Form

Your registration to provide prelicense education expires on December 31, 2013. To renew, please print and complete this form in its entirety and submit it to the office address shown in the above right corner.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address		
Provider Name	License Number	Expiration Date 12/31/2013
Street Address		
City	State	Zip Code
Phone Number	Website address	
Contact Name	Email Address	

RENEWAL REQUIREMENTS
Pursuant to 876 IAC 2-2-9, renewal of your Prelicense Education Provider license and approved courses requires the following: • Return the application above requesting renewal. • A copy of your surety bond in the amount of twenty percent (20%) of the preceding years gross tuition but not less than ten thousand dollars ($10,000) or more than fifty thousand dollars ($50,000). • A copy of your annual report.

LICENSEE AFFIRMATION	
My signature below indicates our desire to renew our Provider license for another term.	
Signature of Officer	Date (month, day, year)

Visit www.pla.in.gov for additional information regarding your license.
If you have any questions for the Indiana State Board of Dentistry please email pla08@pla.in.gov
or call 317-234-2054.