INITIAL TELEMEDICINE PROVIDER CERTIFICATION

State Form 56084 (7-16)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
www.pla.IN.gov

INSTRUCTIONS: This Telemedicine Provider Certification ("Certification") is required by Indiana Code §25-1-9.5-8.

This Certification must be completed and filed with the Indiana Professional Licensing Agency before the provider may establish a provider-patient relationship or issue a prescription under IC §25-1-9.5 for an individual located in Indiana. Note however, that a provider that practices predominantly in Indiana is not required to file this certification.

A provider may not establish a provider-patient relationship or issue a prescription under this statue unless and until the provider's employer or provider's contractor has filed a similar Certification with the Indiana Professional Licensing Agency.

PROVIDER INFORMATION

Is the provider:

- A physician licensed under IC 25-22.5 ☐ Yes ☐ No
- A physician assistant licensed under IC 25-27.5 ☐ Yes ☐ No
- An advanced practice nurse licensed and granted authority to prescribe drugs under IC 25-23 ☐ Yes ☐ No
- An optometrist licensed under IC 25-24 ☐ Yes ☐ No

Name of provider	Indiana license number of provider

Address of provider's distant site *(number and street, city, state, and ZIP code)*

Telephone number of provider	E-mail address of provider
( )	

CERTIFICATION

Provider agrees to be subject to

1) The jurisdiction of the courts of law of Indiana; and,
2) Indiana substantive and procedural laws concerning any claim asserted against the provider arising from the provision of health care services under IC §25-1-9.5 to an individual who is located in Indiana at the time the health care services were provided.

The filing of this Certification constitutes a voluntary waiver by the provider of any respective right to avail themselves of the jurisdiction or laws other than those specified in IC 25-1-9.5-9(b) concerning the claim.

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Signature	Date signed *(month, day, year)*

Printed name