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

Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Home Medical Equipment Service Provider Reinstatement

Complete this form to reinstate a Home Medical Equipment Service Provider license expired for three or more years. To reinstate, send this form with the reinstatement fee of $350 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions below, please include a signed statement fully explaining the response plus any additional documentation with this renewal application.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since your last renewal has the facility or any of its agents or employees been excluded from Medicare participation?	YES NO
2. Since your last renewal has the facility or any of its agents or employees had any disciplinary action taken by a federal or state government agency or is any action pending?	YES NO
3. Since your last renewal has the facility had any action taken by an accreditation or certification body or is any action pending?	YES NO
4. Since your last renewal has your facility been denied a license or registration in any state?	YES NO
5. Since your last renewal has the applicant, or any of the applicant's employees or associates, ever been convicted of a felony that has not been expunged by a court?	YES NO

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date