

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



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

SLP Support Personnel Renewal

Renew online at mylicense.in.gov using the Register a Person option to create your login credentials. To renew by mail, send this form with the renewal fee of \$25 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration of your license you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question below please send a detailed explanation with this form.

| 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 you last renewed, has any health professional 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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in lieu of discipline or termination? | | | YES NO |
| 6. Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen. | | | YES *NO |
| SUPERVISOR VERIFICATION | | | |
| List <u>at least one</u> supervisor with name and license number. Additional supervisors should also be listed below and can be written on the back of this form if additional lines are required. | | | |
| Name | | License Number | |
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| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand the Speech-Language Pathology Audiology Board statutes and rules, and have answered the questions true to the best of my knowledge. | | | |
| Signature of Licensee | | Date (month, day, year) | |

CHANGING SUPERVISORS:

If you are changing/adding a supervisor or changing employer & supervisor, your new supervisor needs to complete the SLP-1 two (2) page form that is part of the application at <http://www.in.gov/pla/2897.htm>. You need to make sure your license number is documented on the form and send it in with your renewal form.

Visit us on the web at www.pla.in.gov. If you have any questions for the Speech-Language Pathology Audiology Board please email renewal4@pla.in.gov or call 317-234-2067.

**If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

| FOR OFFICE USE ONLY | | |
|----------------------------|-------------|------|
| Renewal Fee | Receipt No. | Date |