APPLICATION TO REPEAT EXAMINATION FOR BEHAVIORAL HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov
www.pla.IN.gov

INSTRUCTIONS:

1. The fee for this application is $50.00, payable to the Indiana Professional Licensing Agency in accordance with 839 1-2-5
2. Completed application and fees should be mailed to the address listed on the upper right-hand corner of this form.
3. All fees are non-refundable and non-transferable.
4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY		
Application Fee	Date Received	Receipt Number
Applicant number	License Number	License Issuance date *(month, day, year)*

DO NOT WRITE ABOVE THIS LINE

Please select the examination you are applying to repeat:

☐ Addiction Counselor Associate (IC & RC - ADC)
☐ Addiction Counselor (IC & RC - ADC)
☐ Clinical Addiction Counselor Associate (IC & RC - AADC)
☐ Clinical Addiction Counselor (IC & RC - AADC)
☐ Marriage and Family Therapist Associate (AMFTRB)
☐ Mental Health Counselor Associate (NCE)
☐ Addiction Counselor Associate (NAADAC – Level II)
☐ Addiction Counselor (NAADAC – Level II)
☐ Clinical Addiction Counselor Associate (NAADAC - MAC)
☐ Clinical Addiction Counselor (NAADAC - MAC)
☐ Marriage and Family Therapist (AMFTRB)
☐ Mental Health Counselor (NCMHCE)
☐ Bachelor Social Worker (ASWB Bachelor) ☐ Social Worker (ASWB Master) ☐ Clinical Social Worker (ASWB Clinical)

APPLICANT INFORMATION

Name of applicant *(last, first, middle)*		
Social Security Number *	Date of birth *(month day, year)*	Gender ** ☐ Male ☐ Female
Address of applicant *(number and street or rural route)*	City, state and ZIP code	
Telephone number *(daytime)* ( )	Email address	

Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under penalty of perjury that: *(Please select ONLY ONE of the following.)*

☐ I am a United State Citizen ☐ I am a qualified alien (as defined under 8 USC § 1641) ☐ I am authorized by the Federal Government to work in the United States

Are you the spouse of a member of the military assigned to a duty station in Indiana? *(Optional)* ☐ Yes ☐ No	Are you and active duty member of the military? (Optional) ☐ Yes ☐ No

PREVIOUS EXAMINATION INFORMATION

List all dates you have taken the examination:

How many total examination attempts?	Have you filed a "Special Accommodations Request" for previous examination administrations? (Not available for Social Work or Marriage and Family applications) ☐ Yes ☐ No

If yes, please explain request:

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QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date, and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1.	Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held?	☐ Yes	☐ No
2.	Have you ever been denied a license, certificate, registration or permit to practice any regulated health occupation in any state (including Indiana), country, or U.S. territory?	☐ Yes	☐ No
3.	Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	☐ Yes	☐ No
4.	Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,		
	(1) have you ever been arrested;	☐ Yes	☐ No
	(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	☐ Yes	☐ No
	(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	☐ Yes	☐ No
	(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	☐ Yes	☐ No
	(5) have you ever pled nolo contendre to any offense, misdemeanor, or felony in any state?	☐ Yes	☐ No
5.	Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restriction, probation or other type of discipline or limitations?	☐ Yes	☐ No
6.	Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	☐ Yes	☐ No
7.	Have you ever had a malpractice judgment against you or settled any malpractice action?	☐ Yes	☐ No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, association, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant	Date *(month, day, year)*