

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



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

Genetic Counselor Reinstatement

Your license has been expired for over 3 years. To reinstate, please print and complete this form in its entirety and submit it with the reinstatement fee of \$70 and required documentation* to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form. If you indicate you are a qualified alien as defined under 8 U.S.C. § 1641 and not a U.S. citizen, please provide documentation from USCIS that shows proof of your qualified alien status.

| LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address | | | |
|--|--|-------------------------|------------------------------|
| Licensee Name | License Number | Expiration Date | Reinstatement Fee \$70.00 |
| Street Address | | | |
| City | State | Zip Code | |
| Phone Number | Email Address | | |
| QUESTIONS | | | |
| 1. Since you last renewed, has any health profession 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 subject to an investigation by a regulatory agency concerning any licenses? | | | YES NO |
| 3. Since you last renewed have you been treated for or received a diagnosis for drug or alcohol abuse or addiction? | | | YES NO |
| 4. Since you last renewed have you been denied a license, certificate, registration, or permit to practice genetic counseling or any regulated health occupation in any state (including Indiana) or U.S. territory or surrendered your license? | | | YES NO |
| 5. 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, plead guilty to, or pled nolo contendere to any offense, misdemeanor or felony in any state or U.S. territory? | | | YES NO |
| 6. Since you last renewed have you been admonished, censured, reprimanded, terminated or requested to withdraw, resign or retire from any employer, hospital or health care facility or employer in which you have trained, held staff membership or privileges, acted as a consultant or been employed or have you resigned in lieu of discipline or termination? | | | YES NO |
| Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that: | | | |
| <input type="checkbox"/> I am a United States Citizen | <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641) | | |
| LICENSEE AFFIRMATION | | | |
| I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge. | | | |
| Signature of Licensee | | Date (month, day, year) | |

***Required Documentation:**

- 50 hours of CEU's taken within the last 2 years
- May have to appear before the Board to see if the Board wants any type of remediation or additional training.

Visit us on the web at www.pla.in.gov. If you have any questions for the Medical Licensing Board please email renewal3@pla.in.gov or call 317-234-2060.

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