

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



**Eric J. Holcomb**  
*Governor of Indiana*  
**Lindsay M. Hyer**  
*PLA Executive Director*

## **Behavioral Health and Human Services CE Sponsor Renewal Form**

Renew at <https://mylicense.in.gov>. Login or create your account by selecting the Login to Business Licensing with MyLicense option. Registration codes were provided in the renewal notices either emailed or mailed to each sponsor. You may also send this document with the renewal fee of \$50.00 to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency.' If this form is postmarked after expiration, you must include a \$50.00 late fee in addition to the renewal fee.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	Enter License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Sponsor Contact Person			
<b>LICENSEE AFFIRMATION</b>			
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.			
Signature of Sponsor Representative		Date (month, day, year)	

Please submit a letter with the completed renewal form and fee if any of the following have occurred since your organization was granted approval, or since your last renewal:

- The name of the organization has changed (include date of name change).
- The name of the contact person within the organization has changed.
- If your organization has been approved to provide continuing education by any other state licensing boards or any national organizations (include date of approval).

Visit [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your license.  
If you have any questions for the Behavioral Health and Human Services Licensing Board please email [pla8@pla.in.gov](mailto:pla8@pla.in.gov) or call 317-234-2054.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date