

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



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

Diabetes Educator Renewal

Renew online at www.pla.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 \$50.00 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, you must include a \$50.00 late fee. 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	Renewal Fee
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 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 been excluded from being a Medicare or Medicaid provider?			YES NO
5. Since you last renewed, have you been terminated, reprimanded, disciplined, demoted or have you resigned in lieu of discipline or termination in the scope of your practice as a diabetes educator or as another health care professional?			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 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)	

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