

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



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

### Athletic Trainer License Reinstatement

Your athletic trainer license in the state of Indiana is has been expired for 3 or more years. To reinstate, send this form with the reinstatement fee of \$105 and required documentation (listed below) to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any question 1-5 or 'No' to question 7 below, send a detailed statement regarding the response with your reinstatement form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$105
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration or permit in any state (including Indiana) or surrendered your license?			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?			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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES NO
6. Since you last renewed, have you worked as an AT or signed your name as one?			YES NO
7. Have you completed the required continuing education?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

**Required Documentation:** Copy of the current continued education and a license verification of 1 current license.

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Athletic Trainer Board please email [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or call 317-234-3022.

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