

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



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

Dental Residency Permit Renewal

Renew online at www.pla.in.gov using the Register a Person option to create your login credentials. To renew by mail, please complete this document in its entirety and submit to the address shown above. If you answer "Yes" to any disciplinary question below, send a detailed statement regarding the response with your renewal form. **If your supervising dentist has changed, you will need to complete and submit a new application.**

LICENSEE INFORMATION: Provide a current address, phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any healthcare license (including DEA), certificate, registration, or permit you hold or have held been subject to investigation, charges pending or disciplinary sanctions in any state or U.S. territory?			YES NO
2. Since you last renewed, has any license to practice dentistry in any state, (including Indiana), or country been denied, withdrawn, revoked, or suspended for disciplinary sanctions in any state or U.S. territory?			YES NO
3. Since you last renewed, have you been censured, issued a letter of reprimand, received probationary status, had restrictions or limitations placed on your ability to perform certain acts within the practice of dentistry in any state (including Indiana), U.S. territory or country?			YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action regarding your license to practice dentistry in any state or U.S. territory?			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, pled 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 had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?			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 Indiana State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Office of Facility		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date