

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



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

Anesthesiologist Assistant Renewal Form

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 the license expiration date you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form.

| 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 disciplined, terminated, suspended, subject to any restriction, probation, or have you resigned in lieu of discipline or termination? | YES NO |
| 3. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action? | YES NO |
| 4. 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 been excluded from being a Medicare or Medicaid provider? | YES NO |
| 7. Since you last renewed have you allowed your NCCAA certification to lapse or expire? | YES NO |

Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:

I am a United States Citizen 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 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 |