

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



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

APRN Prescriptive Authority Renewal Form

Renew online using Access Indiana Single Sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$10.00 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. If you do not have a current collaborative agreement, your prescriptive authority is not valid and you are not eligible for renewal.

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. Do you have a current collaborative agreement with an Indiana licensed physician?	YES NO
2. Have you completed your required continuing education hours for this renewal?	YES NO

If your answer to any of the questions above is "No", you are NOT eligible for renewal

CONFIRMATION OF ACTIVE REGISTERED NURSE LICENSE

I currently hold (choose ONE of the options below)

- An active RN license in Indiana
- An active Nursing Licensure Compact RN license in another state (must submit a copy of renewed Compact RN license with this completed form)

Name of State: _____

Expiration Date: _____

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Nursing 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.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date