

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



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Dental Instructor Renewal

Renew online using Access Indiana Single Sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$50.00 to the office address shown above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration 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, email address, and DEA number			
Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Active DEA Number			
QUESTIONS			
1. Since you last renewed, has any healthcare license, 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 Since you last renewed, has any license to practice dentistry been denied, withdrawn, revoked, or suspended for disciplinary sanctions in any state (including Indiana) or U.S. territory?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?			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
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 State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

For additional information, please visit us at www.in.gov/pla/.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date