

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



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

### **Physician and Osteopathic Physician Reinstatement Form**

Your license has been expired for three or more years. To reinstate, please send this form with the reinstatement fee of \$450 and required documentation (as listed below) to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. 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	Reinstatement Fee \$450
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 denied a license, certificate, registration, or permit in any state or U.S. territory?	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 or U.S. territory?	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have you been denied staff membership or privileges in any hospital or clinic or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?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 been excluded from being a Medicare or Medicaid provider?	YES    NO
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	YES    NO

#### **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)
-----------------------	-------------------------

#### **Required Documentation:**

- You will need to include a signed work history from the time your Indiana license expired to current.
- Official verifications from all States in which you have ever held a license, certificate, permit or registration
- NPDB/HIPDB report – contact info: P O Box 10832 Chantilly, VA 20153-0832 website: <http://www.npdb-hipdb.hrsa.gov>

Visit us on the web at [www.plain.gov](http://www.plain.gov).

#### **FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
-------------	-------------	------