

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



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

### MD/DO Inactive to Active Status Change Request

Submit this request only if your license was previously renewed to Inactive status and holds a current expiration date. To activate the license, please print and complete this form in its entirety and submit it with the fee of \$100 to the office address shown above. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with this status change request.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Activation Fee \$100
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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have you been denied staff membership or privileges in any hospital or clinic or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?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
8. 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.			YES NO*
<b>LICENSEE AFFIRMATION</b>			
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)	

*\*If you indicate you are not a US Citizen, please provide documentation from USCIS that shows proof of your qualified alien (as defined under 8 U.S.C. § 1641) status or documentation indicating you are authorized by the federal government to work in the United States.*

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Medical Licensing Board please email [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) or call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date