

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



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

Massage Therapy License Renewal

Renew online using Access Indiana Single Sign-on at MyLicense.IN.gov. To renew by mail, please complete and mail this document with the renewal fee of \$150.00 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your expiration you must include a \$50 late fee with your renewal fee. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form.

LICENSE HOLDER INFORMATION: Update address, if needed, and provide a current phone number and email address			
License Holder 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 professional 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. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	YES NO
5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?	YES NO
6. Do you have professional liability insurance?	YES NO

REQUIRED DOCUMENTATION
Professional Liability Insurance: You are required to hold professional liability insurance in order to practice massage therapy in the State of Indiana. You may submit a copy of your certificate by going to MyLicense.IN.gov and use the "License Update" feature to upload a copy of your certificate of insurance.

LICENSE HOLDER AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Massage Therapy statutes and rules, that I have met the Continuing Competency requirements for renewal, and have answered the questions true to the best of my knowledge.	
Signature of License Holder	Date (month, day, year)

Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date