

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



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

Nurse Midwife Renewal Form

Renew online now 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 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. You must have a current Indiana RN license in order to renew a Nurse Midwife.

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. 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 reprimanded, disciplined, demoted, or terminated in the scope of your practice as a Nurse or as another health care professional?	YES NO
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	YES NO

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

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. If you have any questions for the State Board of Nursing please email pla2@pla.in.gov or call 317-234-2043.

FOR OFFICE USE ONLY

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