

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



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

Psychologist and Limited Psychologist Renewal

Current Psychologist and Limited Psychologist licenses in the state of Indiana expire on August 31 of even numbered years. Renew online at www.pla.IN.gov using the Register a Person option to create your login credentials. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$100.00 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration you must include a \$50 late fee. If you answer 'Yes' to questions 1-5 below send a detailed statement regarding the response with your renewal form. Please read all questions carefully as they may have changed since the previous renewal.

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 healthcare 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations – or have you resigned in lieu of discipline or termination?			YES NO
6. Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen. (*See below.)			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 Psychology Board statutes and rules and have answered the questions true to the best of my knowledge. *Only HSPP endorsed psychologists have CE required for renewal*			
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 for additional information regarding your licensure, including CE requirements and name change information, or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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