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



Eric J. Holcomb Governor of Indiana **Lindsay M. Hyer** PLA Executive Director

Residential Care Administrator Reinstatement

Your Residential Care Administrator license has been expired for 3 or more years. To reinstate, send this form with the renewal fee of \$200 and required documentation (listed below) to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. 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 Numb	er	Expiration Date	Re	enewal F	ee		
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 VES NO been disciplined or are formal charges pending in any state or U.S. territory?				NO				
2.				or	YES	NO			
3.	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 <i>nolo contender</i> to any offense, misdemeanor, or felony in any state or U.S. territory?					YES	NO		
4.					ope	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 active renewal, understand the Indiana Board of Health Facility Administrators statutes and rules and have answered the questions true to the best of my knowledge.									
Sig	nature of Licensee		Date (mont	h, day, year)					

Required Documentation:

1. Letter of work history or resume documenting what you have been doing since the Indiana license expired.

2. License verification of 1 current license.

3. Copy of the current 40 hours of continuing education certificates

For additional information, please visit us at <u>www.in.gov/pla/</u>.

FOR OFFICE USE ONLY				
Renewal Fee	Receipt No.	Date		