

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



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

Audiologist or Speech Pathologist Reinstatement

Your license has been expired for three or more years. To reinstate your license, please send this form with the reinstatement fee of \$250 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 Number	Expiration Date
Reinstatement Fee			
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any health 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. 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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in lieu of discipline or termination?			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 Speech-Language Pathology Audiology Board statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Required Documents: Please submit the following with this form and fee:

1. Copies of certificate of completion for continuing education: Expired 3-6 years requires 36 Hours; Expire 6+ years 72 Hours with at least 36 completed in the last 2 years.
2. Letter of work history or resume detailing any work since your license has expired. If unemployed, current ASHA registration.
3. Verification of any other state license held.
4. Indiana Law Exam: This will be sent to you once you have submitted the additional documents.

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date