

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



Michael R. Pence
 Governor of Indiana
Deborah J. Frye
 PLA Executive Director

MD DO Expired Renewal Form

Your license is expired. You may renew your license online at www.pla.in.gov. To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of \$250 (\$200 renewal fee plus \$50 late fee) to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any 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			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee \$250.00
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana Court?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Medical Licensing Board please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date