

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



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

Genetic Counselor Renewal

Renew online using the Access Indiana single sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$30 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 expiration, 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.

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 subject to an investigation by a regulatory agency concerning any licenses?			YES NO
3. Since you last renewed have you been treated for or received a diagnosis for drug or alcohol abuse or addiction?			YES NO
4. Since you last renewed have you been denied a license, certificate, registration, or permit to practice genetic counseling or any regulated health occupation in any state (including Indiana) or U.S. territory or surrendered your license?			YES NO
5. 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, plead guilty to, or pled nolo contendere to any offense, misdemeanor or felony in any state or U.S. territory?			YES NO
6. Since you last renewed have you been admonished, censured, reprimanded, terminated or requested to withdraw, resign or retire from any employer, hospital or health care facility or employer in which you have trained, held staff membership or privileges, acted as a consultant or been employed 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 Medical Licensing Board of Indiana 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.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date