

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



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

**Physician Assistant Reinstatement**

Your physician assistant license has been expired for over 3 years. To reinstate your license, please complete this document in its entirety and submit it with the reinstatement fee of \$150.00 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. You must include: a signed work history from the time your Indiana license expired to current, a list of all states in which you have held a license, certificate, permit or registration and request official verifications from all states of said license(s), and a notarized copy of proof of current NCCPA. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$150.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
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 denied a license, certificate, registration or permit in any state (including Indiana) or U.S. territory or surrendered your license?			YES NO
3. Since you last renewed, have you been disciplined or terminated by your employer while practicing as a physician assistant, denied staff membership or privileges in any health care facility, have staff privileges been revoked, suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?			YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for drug or alcohol abuse or addiction?			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, pled 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 excluded as a Medicare or Medicaid provider?			YES NO
7. Since you last renewed, have you allowed your NCCPA certificate to lapse or expire?			YES NO
8. Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that I am a United States Citizen.			YES NO*
<b>INACTIVE STATUS CHANGE</b>			
9. Do you want to put your license in inactive status? If you answer 'Yes' (or your license is already in an inactive status) the renewal fee is \$25.00 (plus \$50 late fee if expired). You are not required to have a supervising physician or a current NCCPA certificate while on inactive status. You cannot hold a Physician Assistant CSR on inactive status.			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand the Physician Assistant Committee statutes and rules and have answered the questions true to the best of my knowledge.			
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](http://www.pla.in.gov). If you have any questions for the Physician Assistant Committee please email [renewal3@pla.in.gov](mailto:renewal3@pla.in.gov) call 317-234-2060.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date