

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



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

Respiratory Care Practitioner Reinstatement

Your license has been expired for three or more years. To reinstate, please submit this form with the reinstatement fee of \$100 to the address list above with the required documentation listed below. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-6 below send a detailed statement regarding the response with your renewal form. Please read all questions carefully as they may have changed since the previous renewal

LICENSEE INFORMATION: Enter all information in the boxes below.				
Licensee Name	License Number	Expiration Date	CE Hours	Renewal Fee Included: \$100
Street Address				
City	State	Zip Code		
Phone Number	Email Address			
QUESTIONS				
1. Since you last renewed, has any healthcare 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?				YES NO
6. Since the time of your license expiration, have you engaged in the practice of Respiratory Care in the State of Indiana?				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 Indiana Respiratory Care Committee 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 fulfilling requirements since your license has expired.
2. Letter of work history or resume detailing any work since your license has expired.
3. Verification of any other state license held.
4. Any other remediation and/or training as deemed by the board after a personal appearance.

Visit www.pla.in.gov for additional information regarding your registration and continuing education requirements.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date