

**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 Renewal

Renew online using Access Indiana Single Sign-on at [MyLicense.IN.gov](http://MyLicense.IN.gov). To renew by mail, send this form with the renewal fee of \$100 to the office address shown 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: Enter all information in the boxes below.

|                |                |                 |             |
|----------------|----------------|-----------------|-------------|
| 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 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have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?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 |

#### 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) |

Visit [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your registration.

#### FOR OFFICE USE ONLY

|             |             |      |
|-------------|-------------|------|
| Renewal Fee | Receipt No. | Date |
|-------------|-------------|------|