

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



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

- I. All applicants must mail a [completed application](#) along with the items listed below to the Indiana Professional Licensing Agency. If you have ever held a license as a nurse previously in Indiana, and are applying again for the same profession, please contact our office at (317) 234-2043 or by e-mail at pla2@pla.in.gov to inquire about reactivating your previous license. Please type or print neatly with black or blue ink.
 - A. Include a photograph, approximately 2 ½ x 3 ½ inches, head and shoulders view, black and white or color, of professional quality. **Polaroid type or laminated photographs will not be accepted. Please tape, rather than staple, the photo to the application. Please place your signature on the front of your photograph.**
 - B. If you answer "yes" to any questions on page 2 of the application, explain fully in a statement that includes all related details. Include the violation, location, date and disposition. If malpractice, provide the name(s) of the plaintiff(s). If question 3 has a positive response, submit copies of court documentation for each instance to support the statement.
 - C. Submit the **\$50.00** application fee made payable to the Indiana Professional Licensing Agency. Fees are nonrefundable.
 - D. Include proof of current, **active** licensure in another state (please include documentation of license expiration date). If you do not have an **active** license in another state, you will not be eligible for licensure by endorsement in Indiana.
 - E. Enclose documentation of any legal name change if your name differs from that on any of your documents. Documentation may include a copy of your marriage license or divorce decree.
 - F. Complete your [Criminal Background Check](#) after receiving notification from staff that your application has been received. Applicants who complete a criminal background check prior to their application being received will be required to complete another criminal background check.
 - G. If your state of original licensure does not verify education of their applicants for other state boards of nursing you will need to provide official documentation of graduation from a state accredited program in nursing, provided directly to the Indiana State Board of Nursing from your nursing program. **(Foreign graduates see Section II)**
 - H. Verification of Licensure: We must receive verification from every state and country that you hold or have held a license, certificate, registration, or permit to practice nursing and/or any other regulated health occupation. Your nursing license must be active in at least 1 state. Verification should be obtained by 1 of the following methods, which is your responsibility:
 - NURSUS verification will be provided through the National Council of State Boards of Nursing for every state that participates in NURSUS. Boards participating in NURSUS are viewable here: <https://www.nursys.com/NLV/NLVJurisdictions.aspx>. **You must submit a [NURSUS verification form to the National Council of State Boards of Nursing \(NCSBN\) for verification of any nursing license you hold or have ever held.](#)** Please see additional information regarding the NURSUS program and fees on the instruction sheet. Please register online at Nursys.com to verify any licenses ever held in any of the NURSUS participating states.
 - Jurisdictions not using the NURSUS program need to be sent a [Verification of State Licensure Form](#). They should return this form back to the Indiana Board of Nursing or submit their own form including all requested information. Please check with each state to see if there is a fee for this service. Verification needs to be sent from **every state** that you hold or have ever held a license in.

* Note: your original state of licensure should verify that you have taken and passed the National Council Licensing Examination (NCLEX) or the State Board Test Pool Examination (SBTPE). You will not be eligible for licensure in Indiana if you have only taken a state constructed examination. (Canadian Graduates see Subsection III).

- II. Foreign Nurse Graduates** (Canadian Graduates See Section III) must submit, along with the items in Section I, the following: **This requirement applies if your original state of licensure does not directly provide verification of your foreign education credentials.
- A. Official nursing school transcripts provided through a credentials evaluation service such as CGFNS, which specify **THEORY** and **CLINICAL EXPERIENCE** in all areas.
 - B. Official copy of high school diploma or equivalent or official transcripts.

"OFFICIAL" Means the document must be the original document or a notarized copy provided directly from another state board of nursing or the awarding entity.

- III. If your original state of licensure has an official copy of your nursing school transcripts and/or high school diploma or equivalent, you may request that state forward a certified copy to this office.
- IV. All documents must be accompanied with an official translation if not in English. The Board will accept as "official translations" only those translations coming from the consulate or embassy of the country in which the nursing school is located, or those provided as part of a credentials evaluation service such as provided by CGFNS.
- V. Canadian Nurse Graduates must submit, along with all items in Section I, the following:
- A. Official nursing school transcripts which specify **theory** and **clinical experience** in all areas.
 - B. Your original state of licensure should verify that you have taken and passed one of the following examinations.
 - National Council Licensing Examination (NCLEX)
 - State Board Test Pool Examination (SBTPE)
 - The English version of the Canadian Nurses Examination (CNATS)

If your original state of licensure has an official copy of your nursing school transcripts and/or high school diploma or equivalent, you may request that state forward a certified copy to this office. All documents must be accompanied with an official translation if not in English. The Board will accept as "official translations" only those translations coming from the consulate or embassy of the country in which the nursing school is located

- VI. Temporary Permits: A temporary permit will be issued after our office receives the following:
- A. Completed [APPLICATION FOR LICENSURE BY ENDORSEMENT](#) (please check the box on Page 1 indicating that you desire a temporary permit);
 - B. Proof of current, active licensure in another state. Prior to issuance of any temporary license, the Indiana State Board of Nursing will verify current license status with the issuing state of endorsement.
 - C. The \$50.00 application fee and the \$10.00 temporary permit fee; AND
 - D. A passport quality photograph, approximately 2 ½ x 3 ½ inches, head and shoulders view, black and white or color, of professional quality. Polaroid type or laminated photographs will not be accepted.
 - E. Completion of criminal background check. A positive response on a criminal background check must go through a longer approval process and the time depends on whether or not a personal appearance before the Board or an administrative law judge will be required.
- VII. Renewal of LPN and RN Licenses: Registered Nurse (RN) licenses expire on October 31 of odd-numbered years and Practical Nurse (LPN) licenses expire on October 31 of even-numbered years, regardless of the issuance date. Please consider this when you are applying for licensure. The renewal fee is \$50.00. If you fail to renew by the expiration date, you will be assessed a \$50.00 late fee.

It is your responsibility to make sure that the Indiana Professional Licensing Agency always has your current address. Renewal notifications will be sent to the email address on record. Renewals will be available online at <http://www.pla.in.gov/>.

ALL APPLICATIONS NOT COMPLETED WITHIN ONE YEAR WILL BE CONSIDERED ABANDONED AND A NEW APPLICATION AND FEE WILL NEED TO BE SUBMITTED.

Notice

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or

committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61. **Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable**