

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



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

Licensed Practical Nurse Renewal Form

You may renew your license online at www.pla.in.gov using the Register a Person option to create your login credentials. To renew by mail, please print and complete this form in its entirety and submit it with the renewal fee of \$50.00 to the office address shown above. Please read all questions carefully as they may have changed since the previous renewal. **If this document is postmarked after your license expiration you must include a \$50 late fee.** If you answer 'Yes' to questions 1-6 below send a detailed statement regarding the response with this form and the fee.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee \$50.00 \$100 if Expired
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS		
1. Since you last renewed, has any health professional 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. Have you been reprimanded, disciplined, demoted or terminated in the scope of your practice or as another health care professional in any state or U.S. territory?	Yes	No
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes	No

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 I am a qualified alien (as defined under 8 U.S.C. § 1641)

LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.

Signature of Licensee	Date (month, day, year)
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Visit www.pla.in.gov for additional information regarding your license.

If you have any questions for the State Board of Nursing please email pla2@pla.in.gov or call 317-234-2043.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date