

LICENSURE RENEWAL

To renew your agency's license you must complete a Personal Service Agency renewal application SF 53591 (R/8-12)) and submit a \$250.00 licensure fee to the department. Refer to instructions below on how to complete the application.

A courtesy letter along with the renewal application is sent to the agency 90 days prior to the expiration date of the license. The agency may access and complete the renewal application on line at www.in.gov/isdh/20119.htm

1. Complete the renewal application in its entirety including the following:
 - Section I – Agency Name and Address
 - Include complete agency's name
 - Include complete address (*street, city, county, zip code*)
 - Include telephone and fax numbers
 - Include license number
 - Include e-mail address, specific to agency and web address, if applicable.
 - Section II – Management
 - Include manager and alternate managers. If there are changes submit applicable criminal history checks.
 - Section III – Branches
 - If there are no branches, check the "NO" box
 - If there are branches, check the "YES" box. Add the branches in this section. Include branch name, complete address and telephone number. The branches must be on record with the Department.
 - Section IV – Ownership Information
 - Section V.A. Legal Entity
 - If completing the application online complete the legal entity name and EIN number.
 - If completing the hard copy application complete the EIN number.
 - Section IV B. – Officers
 - If there are no changes, check the "NO" box.
 - If there are changes, check the "YES" box. Complete changes in this section of the application. Include applicable criminal history checks.
 - Section IV C. – Directors/Officers
 - If there are no changes, check the "NO" box.
 - If there are changes, check the "YES" box. Complete changes in this section of the application. Include applicable criminal history checks.
 - Section V – Certification of Application
 - The appropriate staff must sign and date the application.
 - The application must be signed and dated by the president/CEO/owner and by the manager. The names must be on record with the department.

2. If there is an agency "doing business as" name change, you must submit the following: This is adding a "doing business as" name not a change to the legal name.
 - A letter on agency's letterhead to include the following information
 - The agency's license number (*the number is located on the agency's license*).
 - Agency's previous name
 - Agency's new name
 - The effective date of name change
 - The signature of manager or owner on the letter (*the name must be on record with the department*).
 - An applicable document from the Indiana Secretary of State
 - If the "doing business as" name is different from legal entity name (i.e. corporation), submit a "Certificate of Assumed Business Name" document.
 - Submit the actual document from the Secretary of State to the department not the request to register the "doing business as" name with the Secretary of State.
3. If there are changes in staffing/officers submit applicable current criminal history checks.
 - Submit a current expanded or national criminal history check.
 - The criminal history check must be a lifetime search.
 - If using an entity other than the Indiana State Police to conduct the criminal history search make sure that entity has the timeframe of the search on the report document.
4. If you are adding a branch office to the parent PSA, then a letter must be submitted including the following:
 - A letter including the complete name, complete address, county and telephone number of each branch location
 - The branch must be owned and controlled by the parent agency. This language must be included in the letter.
 - The branch must be in a location from which the agency provides services.
 - The branch must be located within 120 miles of the parent.
 - Submit a map that reflects the mileage from parent to branch.
5. If there are changes that occurred at your agency make sure all changes are made on the renewal application. Include all applicable information with the application. The application must be submitted prior to the expiration date of the license. The application must be approved and licensure fee received prior to issuance of license.
6. Submit the \$250.00 licensure renewal fee with your renewal application (SF 53591). Make check or money order payable to the Indiana State Department of Health. Submit application and \$250.00 renewal fee to:

Indiana State Department of Health
Attention: Cashier, 2nd Floor
P.O. Box 7236
Indianapolis, Indiana 46207

Once the above mentioned documents are submitted and approved, the Department will update our database to reflect the changes and send a confirmation licensure letter and license to the agency.

The renewal application will be process with the legal owners on record with the Department. If a change of ownership has occurred the new owners must request a change of ownership application by faxing a request in writing to 317/233-7157. Fax this request to the attention of Connie Wright and be sure to include the name and complete address that you would like the application mailed.

If the agency chooses not to renew their license, please send a letter to the department closing the agency. Include the agency's name, complete address and license number. The department will close the agency and send a confirmation letter to the agency.

If the agency decides to reapply at a later date, please fax a letter to 317/233-7157 requesting an initial application for a personal services agency. Include your name and complete address with the request.