

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



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

Anesthesiologist Assistant Renewal Form

Renew online using the Access Indiana single sign-on at MyLicense.IN.gov. To renew by mail, send this form with the renewal fee of \$50.00 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after the license expiration date 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: Update address, if needed, and provide a current phone number and email address			
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 health profession 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 disciplined, terminated, suspended, subject to any restriction, probation, or have you resigned in lieu of discipline or termination?			YES NO
3. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?			YES NO
4. 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
6. Since you last renewed have you been excluded from being a Medicare or Medicaid provider?			YES NO
7. Since you last renewed have you allowed your NCCAA certification to lapse or expire?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date