

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



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Athletic Trainer License Reinstatement

Your athletic trainer license in the state of Indiana is has been expired for 3 or more years. To reinstate, send this form with the reinstatement fee of \$105 and required documentation (listed below) to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to any disciplinary question below, please send a statement fully explaining the response with this reinstatement form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$105
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 denied a license, certificate, registration or permit in any state (including Indiana) or U.S. territory or surrendered your license?			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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			YES NO
6. Since you last renewed, have you worked as an AT or signed your name as one?			YES NO
7. Have you completed the required continuing education?			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 and have answered the questions true to the best of my knowledge.			
Signature of Licensee			Date (month, day, year)

Required Documentation: Copy of the current continuing education certificates and a license verification of 1 current license.

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date