

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



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

Physician Assistant Reinstatement

Your license has been expired for three or more years. To reinstate your license, please complete this document in its entirety and submit it with the reinstatement fee of \$150.00 and the required documents to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. 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	Reinstatement Fee \$150.00
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, have you been disciplined or terminated by your employer while practicing as a physician assistant, denied staff membership or privileges in any health care facility, have staff privileges been revoked, suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?	YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for drug or alcohol abuse or addiction?	YES NO
5. 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 as a Medicare or Medicaid provider?	YES NO
7. Since you last renewed, have you allowed your NCCPA certificate to lapse or expire?	YES NO

INACTIVE STATUS CHANGE	
8. Do you want to put your license in inactive status? If you answer 'Yes' (or your license is already in an inactive status) the renewal fee is \$25.00 (plus \$50 late fee if expired). You are not required to have a supervising physician or a current NCCPA certificate while on inactive status. You cannot hold a Physician Assistant CSR on inactive status.	YES NO

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand the Physician Assistant Committee statutes and rules and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

- Required Documents:** Please submit the following with your form and fee.
1. Letter of work history or resume detailing your work since your license expired
 2. Verifications of licensure of all licenses held in any and all states
 3. Copy of proof of current NCCPA

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date