

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



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

### Psychologist Reinstatement

Your license has been expired for three or more years. To reinstate, please print and complete this document in its entirety and submit it with the reinstatement fee of \$200.00. If you have the HSPP endorsement, you will also need to submit twenty hours of continuing education for every year or portion of a year the license was expired to the office address shown in the above right corner. 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 question below send a detailed statement regarding the response with your renewal form. Please read all questions carefully as they may have changed since the previous renewal.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Reinstatement Fee \$200.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any 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 OR have you entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state OR have you been convicted of any offense, misdemeanor, or felony in any state OR have you pled guilty to any offense, misdemeanor, or felony in any state OR have you pled <i>nolo contendere</i> 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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?			YES NO
6. Have you engaged in the practice of psychology in the State of Indiana since the expiration of your license?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the State Psychology Board statutes and rules and have answered the questions true to the best of my knowledge. <i>*Only HSPP endorsed psychologists have CE required for renewal*</i>			
Signature of Licensee		Date (month, day, year)	

For additional information, please visit us at [www.in.gov/pla/](http://www.in.gov/pla/).

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date