

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



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

SLP Support Personnel Renewal

Send this form with the renewal fee of \$25 to the address above, allowing 4 weeks for processing. If this license is not renewed on or before December 31, the registration becomes invalid per 880 IAC 1-2.1-6. A new application and fee would be required for a new license. If you answer 'Yes' to any disciplinary question below please send a detailed explanation with this 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 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, 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denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in lieu of discipline or termination?			YES NO
SUPERVISOR VERIFICATION			
List <u>at least one</u> supervisor with name and license number. Additional supervisors should also be listed below and can be written on the back of this form if additional lines are required.			
Name		License Number	
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the Speech-Language Pathology Audiology Board statutes and rules, and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

CHANGING SUPERVISORS:

If you are changing/adding a supervisor or changing employer & supervisor, your new supervisor needs to complete the SLP-1 two (2) page form that is part of the application at <https://www.in.gov/pla/files/SLP-1-Form.pdf> . You need to make sure your license number is documented on the form and send it in with your renewal form.

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

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date