



APPLICATION FOR LICENSURE AS A DIABETES EDUCATOR

State Form 56086 (R2 / 1-21)

**MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 18-1-4.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY			
Date of receipt (month, day, year)	Receipt number	License number	
Amount paid		Date of license issuance (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION			
Name of applicant (last, first, middle)			
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of applicant (number and street or rural route)		City, state, and ZIP code	
Telephone number (daytime) ()	E-mail address (required)		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.			
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

DIABETES EDUCATION PROGRAM

- American Association of Diabetes Educators Certification National Certification Board for Diabetes Educators Certification
 American Association of Diabetes Educators Core Concept Course - Attach proof of completion of one thousand (1,000) hours of demonstrable experience within the previous four (4) years in diabetes education under supervision. Four hundred (400) hours must be within previous year.

LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION.

TYPE OF LICENSE	STATE ISSUED	LICENSE NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? Yes No

2. Have you ever been denied a license, certificate, registration or permit to practice diabetes education or any other regulated health occupation in any state (including Indiana) or country? Yes No

3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? Yes No

4. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*
(1) have you ever been arrested; Yes No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
(5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No

5. Have you ever been subject of an investigation by a regulatory agency concerning a license? Yes No

6. Have you ever been terminated or disciplined while practicing as a diabetes educator or resigned in lieu of discipline? Yes No

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (month, day, year)