



INITIAL TELEHEALTH PROVIDER CERTIFICATION

State Form 56084 (R5 / 5-21)

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, IN 46204

Telephone: (317) 232-2960

www.pla.IN.gov

INSTRUCTIONS: This Telehealth Provider Certification ("Certification") is required by Indiana Code §25-1-9.5.

This Certification must be completed and filed with the Indiana Professional Licensing Agency before the provider may establish a provider-patient relationship or issue a prescription under IC §25-1-9.5-8 for an individual located in Indiana.

A provider may not establish a provider-patient relationship or issue a prescription under this statute unless and until the provider's employer or provider's contractor has filed a similar Certification with the Indiana Professional Licensing Agency.

PROVIDER INFORMATION

The provider is:

- A physician licensed under IC 25-22.5
- A physician assistant licensed under IC 25-27.5
- An advanced practice registered nurse licensed and granted authority to prescribe drugs under IC 25-23
- An optometrist licensed under IC 25-24
- A podiatrist licensed under IC 25-29
- Athletic trainer licensed under IC 25-5.1
- Chiropractor licensed under IC 25-10
- Dental Hygienist licensed under IC 25-13
- Dentist licensed under 25-14
- Individual holding a dental residency permit under IC 25-14-1-5
- Individual holding a dental faculty license under IC 25-14-1-5.5
- Diabetes educator licensed under IC 25-14.3
- Dietitian licensed under IC 25-14.5
- Genetic counselor licensed under IC 25-17.3
- Individual holding a temporary physician permit under IC 25-22.5-5-4
- Nurse licensed under 25-23
- Behavior health and human services professional licensed under IC 25-23.6
- Optometrist licensed under IC 24
- Pharmacist licensed under IC 25-26
- Physical therapist licensed under IC 25-27
- Psychologist licensed under IC 25-29
- Respiratory care practitioner licensed under IC 25-34.5
- Speech-language pathologist or audiologist licensed under IC 25-35.6
- Veterinarian licensed under IC 25-38.1
- Out of state provider with a license type listed above

Name of provider

License number of provider

Address of provider (number and street, city, state, and ZIP code)

Telephone number of provider

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E-mail address of provider

Name of entity employing or contracting with provider

CERTIFICATION

Provider agrees to be subject to

- 1) The jurisdiction of the courts of law of Indiana; and,
- 2) Indiana substantive and procedural laws concerning any claim asserted against the provider arising from the provision of health care services under IC §25-1-9.5 to an individual who is located in Indiana at the time the health care services were provided.

The filing of this Certification constitutes a voluntary waiver by the provider of any respective right to avail themselves of the jurisdiction or laws other than those specified in IC 25-1-9.5-9(b) concerning the claim.

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Signature

Date signed (month, day, year)

Printed name