



INSTITUTION CERTIFICATION FOR A MEDICAL TEACHING PERMIT

State Form 57724 (3-25)

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

- INSTRUCTIONS:**
1. Complete this form in its entirety.
 2. This form can be mailed to the office address shown above.
 3. Visit www.pla.in.gov for more information.

INSTITUTION CERTIFICATION FOR A TEMPORARY MEDICAL TEACHING PERMIT (To be completed by Institution Chairman / Department Head.)

This is to certify that _____ has been granted
an appointment to teach at _____ in
the Department of _____
located at (address) _____.

This appointment is for the month and year beginning _____ and ending _____.

Medical subjects teaching

Name of Chairman / Department Head

Title

Signature

Date of signature (month, day, year)

Telephone number