



RENEWAL FOR PHYSICIAN ASSISTANT INACTIVE TO ACTIVE STATUS

State Form 57748 (4-25)

INDIANA PROFESSIONAL LICENSING AGENCY

**PHYSICIAN ASSISTANT COMMITTEE
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 232-2960
E-mail: pla5@pla.in.gov
www.pla.in.gov

- INSTRUCTIONS:**
1. Renew online using Access Indiana single sign-on at mylicense.in.gov.
 2. To renew by mail, send this form with the renewal fee of \$25 (active) to the address above, allowing four (4) weeks for processing.
 3. Make check or money order payable to 'Indiana Professional Licensing Agency.'
 4. If you answer 'Yes' to any disciplinary question below, send a detailed statement regarding the response with your renewal form. You must have an active NCCPA for Active Status.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee \$25 Out of Inactive
Street Address			
City	State	ZIP Code	
Phone Number	Email Address		

QUESTIONS

1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state (including Indiana) or U.S. territory or surrendered your license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Since you last renewed, have you been disciplined or terminated by your employer while practicing as a physician assistant, denied staff membership or privileges in any health care facility, have staff privileges been revoked, suspended, or subject to any restriction, probation, or have you resigned in lieu of discipline or termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Since you last renewed, have you had a malpractice judgement against you or settled any malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Since you last renewed, have you allowed your NCCPA certificate to lapse or expire?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

To return to Active status, you must also submit a change/addition application, fee, and new collaborative agreement. You may submit it with this renewal application. If you are going to be prescribing, you must also have an active controlled substances registration.

ORGAN & TISSUE DONOR

In 2022, the Indiana State Legislature passed a law (SEA 260) allowing Indiana residents to sign up as organ donors when seeking or renewing professional licenses via the Indiana Professional Licensing Agency. More than 100,000 people are awaiting a lifesaving transplant, and more than 1,000 of those waiting are Hoosiers, so your decision to say "yes" can truly help save lives.

By selecting "yes", I affirm that I wish to be an organ donor upon my death. I would like to donate all organs for transplant, research, and education. At the time of my death, I understand that my family cannot override my decision. I understand this online sign-up is binding and is a legal document of gift. I do solemnly swear, affirm or certify that I am the applicant described in this application and that the information entered herein is true and correct.

Do you want to sign up to be an organ and tissue donor? ☐ Yes ☐ Not Today

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I understand the Physician Assistant Committee statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee

Date (month, day, year)

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

FOR OFFICE USE ONLY

Renewal Fee

Receipt No.

Date (month, day, year)