



PODIATRIST ACTIVATION FORM

State Form 57800 (5-25)

INDIANA PROFESSIONAL LICENSING AGENCY

**MEDICAL LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 232-2960
E-mail: pla3@pla.in.gov
www.pla.in.gov

- INSTRUCTIONS:**
1. Submit this only if your license was previously renewed to Inactive status and holds a current expiration date.
 2. To activate the license, please print and complete this form in its entirety and submit it with a fee of \$50 to the office address shown above.
 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 this status change request.

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

Licensee Name	License Number	Expiration Date	Activation Fee \$50
Street Address			
City	State	ZIP Code	
Phone Number	Email		

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 or surrendered a license, certificate, registration, or permit in any state or U.S. territory?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> 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denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Since you last renewed, have you had any addiction or treatment for addiction to alcohol or a chemical substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Since you last renewed, have you had any physical injury or disease or mental illness that affected or may affect your ability to practice podiatric medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUING EDUCATION REQUIREMENTS

In order to renew your license to practice podiatry in Indiana, you are required to have completed no less than fifteen (15) hours of continuing podiatric medical education each licensure year. The Board is currently on a two (2) year renewal cycle. The continuing education must have been completed during the renewal period prior to license renewal. In addition, all continuing education programs must be sponsored, accredited or approved by any of the organizations listed under 845 IAC 1-5-3. Send continuing education documentation with this renewal form or upload online at mylicense.in.gov.

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 Medical Licensing Board of Indiana statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY

Activation Fee

Receipt No.

Date (month, day, year)