

**Professional Licensing Agency**  
 402 West Washington Street  
 Room W072  
 Indianapolis, IN 46204



**Eric J. Holcomb**  
 Governor of Indiana  
**Deborah J. Frye**  
 PLA Executive Director

### Health Facility Administrator Renewal

Your Health Facility Administrator license in the state of Indiana expires on 8/31/2018. Renew online at [www.pla.in.gov](http://www.pla.in.gov), create your login credentials using the Register a Person option, or send this form with the renewal fee of \$100 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 8/31/2018 you must include a \$50 late fee. If you answer 'Yes' to any disciplinary question below send a detailed statement regarding the response with your renewal form.

| <b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>   |                |  |             |
|--|----------------|--|-------------|
| Licensee Name  | License Number | Expiration Date  | Renewal Fee |
| Street Address   |                |  |             |
| City   | State          | Zip Code   |             |
| Phone Number   | Email Address  |  |             |
| <b>QUESTIONS</b>   |                |  |             |
| 1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state or U.S. territory?   |                |  | YES NO      |
| 2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state or U.S. territory?  |                |  | YES 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? |                |  | YES NO      |
| 4. Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Health Facility Administrator or as another health care professional?  |                |  | YES NO      |
| 5. If you wish to renew as inactive, please select yes. If you wish your license to remain in active status, please select no. You must renew to inactive status if you have not completed your required CE hours or not renew at all. You cannot work with an inactive license.   |                |  | YES NO      |
| <b>Pursuant to IC 12-32-15 and IC 12-32-1-6, I swear under the penalty of perjury that:</b>  |                |  |             |
| <input type="checkbox"/> I am a United States Citizen  |                | <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641) |             |
| I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for active renewal, understand the Indiana Board of Health Facility Administrators statutes and rules and have answered the questions true to the best of my knowledge.   |                |  |             |
| Signature of Licensee  |                | Date (month, day, year)  |             |

Continuing Education: You must obtain at least forty (40) hours of continuing education during each two (2) year licensing period. If you are not currently or previously licensed in another state, you will not be required to complete the continuing education requirements for the two (2) year licensing period in which your license is issued.

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Health Facility Administrators please email [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or call 317-234-3022.

| <b>FOR OFFICE USE ONLY</b> |             |      |
|----------------------------|-------------|------|
| Renewal Fee                | Receipt No. | Date |