

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



Michael R. Pence
 Governor of Indiana
Nicholas W. Rhoad
 IPLA Executive Director

Massage Therapist Renewal

To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$150.00 and the required proof of insurance to the office address shown in the above left corner. If you would like to pay by credit card you may renew your certification online at www.pla.in.gov. You will still be required to send proof of liability insurance to our office by fax or mail if you use this method for renewal. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$150.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
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?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			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?			YES NO
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?			YES NO
5. Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct?			YES NO
6. Do you have liability insurance?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.			
Signature of Licensee			Date (month, day, year)

Professional Liability Insurance: You are required to hold professional liability insurance in order to practice massage therapy in the State of Indiana. In order to finish your renewal, you must send your proof of insurance to the board by email to pla14@pla.in.gov or fax to 317-233-4236.

Visit us on the web at www.pla.in.gov. If you have any questions for the Massage Therapy Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date