



OUT-OF-STATE TELEHEALTH PRACTITIONER'S EMPLOYER OR CONTRACTOR CERTIFICATION

State Form 56085 (R8 / 5-23)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 232-2960
www.pla.IN.gov

- INSTRUCTIONS:**
1. This Out-of-State Telehealth Practitioner Certification ("Certification") is required by Indiana Code § 25-1-9.5-9.
 2. This Certification must be completed and filed with the Indiana Professional Licensing Agency before the employee practitioner or contract practitioner may establish a provider-patient relationship or issue a prescription under Indiana Code § 25-1-9.5-8 for an individual located in Indiana. **Important Note: Most out-of-state practitioners are required to hold an Indiana license in order to provide telehealth services under this Certification. Please refer to Indiana Code § 25-1-9.5 for the specific requirements.**
 3. In accordance with Indiana Code § 25-1-9.5-9(d), the practitioner's employer or the practitioner's contractor is required to file this Certification with the Indiana Professional Licensing Agency only at the time of the initial certification.

EMPLOYER OR CONTRACTOR INFORMATION

Name of entity employing or contracting with practitioner	Does this entity employ or contract with practitioners? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of practitioner employee or practitioner contractor	Indiana License number

The out-of-state practitioner is:

- An athletic trainer licensed under IC 256-5.1.
- A chiropractor licensed under IC 25-10.
- A dental hygienist licensed under IC 25-13.
- A dentist licensed under IC 25-14.
- An individual who holds a dental residency permit issued under IC 25-14-1-5.
- An individual who holds a dental faculty license under IC 25-14-1-5.5.
- A diabetes educator licensed under IC 25-14.3.
- A genetic counselor licensed under IC 25-17.3.
- A physician licensed under IC 25-22.5.
- An individual who holds a temporary permit (temporary medical permit) under IC 25-22.5-5-4.
- A nurse licensed under IC 25-23.
- An occupational therapist licensed under IC 25-23.5.
- An occupational therapy assistant licensed under IC 25-23.5.
- Any behavioral health and human services professional licensed under IC 25-23.6.
- An optometrist licensed under IC 25-24.
- A pharmacist licensed under IC 25-26.
- A physical therapist licensed under IC 25-27.
- A physical therapist assistant certified under IC 25-27-1-6.3.
- A physician assistant licensed under IC 25-27.5.
- A podiatrist licensed under IC 25-29.
- A psychologist licensed under IC 25-33.
- A respiratory care practitioner licensed under IC 25-34.5.
- A speech-language pathologist or audiologist licensed under IC 25-35.6.
- A clinical fellow in speech-language pathology.
- A veterinarian licensed under IC 25-38.1.
- A behavior analyst licensed under IC 25-8.5. **Per IC 25-1-9.5-3.5(c), this includes a behavior analyst during the time in which the Indiana Professional Licensing Agency is preparing to implement licensure of behavior analysts under IC 25-8.5. IC 35-1-9.5-3.5(c) expires on January 1, 2025.**
- A student who is pursuing a course of study in, or is a graduate from, a program in a profession specified in IC 25-1-9.5-3.5(a)(22); and is providing services directed by an individual who holds a license in Indiana for that profession. **Note: A student will not be able to provide a personal license number. Please provide the license number of your supervisor who holds an Indiana license for the profession.**
- A school psychologist licensed by the Indiana Department of Education. **Note: School psychologists are licensed by the Indiana Department of Education. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Department of Education.**
- A developmental therapist enrolled by the Bureau of Child Development Services to provide special instruction, as defined in 34 CFR 303.13(b)(14), to infants and toddlers receiving early intervention services. **Note: Developmental therapists are credentialed by the First Steps Program of the Division of Disability and Rehabilitative Services – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**

- A peer as defined in IC 12-21-8-5 and certified by the Division of Mental Health and Addiction. **Note: Peers are certified by the Division of Mental Health and Addiction – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**

- A qualified behavioral health professional or other behavioral health professional within a community mental health center. **Note: Qualified behavioral health professionals or other behavioral health professionals who provide services within a community mental health center are certified by the Division of Mental Health and Addiction – Indiana Family and Social Services Administration. The Indiana Professional Licensing Agency will provide this Certification to the Indiana Family and Social Services Administration.**

Employee identification number of entity	Telephone number of entity ()	E-mail address of entity
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AUTHORIZED REPRESENTATIVE INFORMATION

Name of entity's duly authorized representative with authority to execute this Certification	Title of representative
Address (number and street, city, state, and ZIP code)	
Telephone number of representative ()	E-mail address of representative
Name of entity employing or contracting with practitioner	

CERTIFICATION

Employer or contractor agrees to be subject to the jurisdiction of the courts of law of Indiana and Indiana substantive and procedural laws concerning any claim asserted against the practitioner arising from the provision of health care services under Indiana Code § 25-1-9.5 to an individual who is located in Indiana at the time the health care services were provided.

The filing of this Certification constitutes a voluntary waiver by the practitioner of any respective right to avail themselves of the jurisdiction or laws other than those specified in IC 25-1-9.5-9(b) concerning the claim.

I swear or affirm under the penalties of perjury that the foregoing representations are true.

Signature	Date signed (month, day, year)
Printed name	