



**APPLICATION FOR INCLUSION ON HEALTHCARE
VOLUNTEER REGISTRY BY AN INDIVIDUAL**
State Form 56150 (10-16)

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

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

| FOR OFFICE USE ONLY | |
|---|---|
| Date received (month, day, year) 2/13/17 | Date approved (month, day, year) 2/14/17 |

DO NOT WRITE ABOVE THIS LINE

GENERAL INFORMATION

Name of applicant
Kristy L Newton

Address of applicant (number and street, city, state, and ZIP code)
2060 E Waters Edge Dr Bloomington, In. 47401

| Telephone number | E-mail address | Social Security number* | License number |
|------------------|----------------|-------------------------|----------------|
| [REDACTED] | [REDACTED] | [REDACTED] | 01028657A |

Type of License (Please check one.)

- A Physician under IC 25-22.5
- A Physician Assistant under IC 25-27.5
- A Dentist under IC 25-14
- A Nurse under IC 25.23
- An Advanced Practice Nurse (as defined in IC 25-23-1-1(b)) who is licensed under IC 25-23.
- An Optometrist under IC 25-24
- A Podiatrist under IC 25-29

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Indiana Professional
Licensing Agency