COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PODIATRY

RENEWAL APPLICATION – Podiatrist

Full Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Email Address _____

License Number _____

RETURN TO:

State Board of Podiatry
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

☐ **ADDRESS CHANGE – The address above is a new address and not on file with the Board.**

☐ **NAME CHANGE –** The name above is not the current name on the licensure records. **You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)**

☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. **No fee is required**. **Form must still be completed – questions answered, signed and dated.**

☐ I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. **Renewal must be completed and fee required.**

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	*If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s).* **IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.**
		1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? **If you answered yes, provide the profession and state or jurisdiction.** LIST: _____
		2. **Since your initial application or last renewal, whichever is later,** have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. **Since your initial application or last renewal, whichever is later,** have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. **Since your initial application or last renewal, whichever is later,** have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. **Since your initial application or your last renewal, whichever is later,** have you had your DEA registration denied, revoked or restricted?
		8. **Since your initial application or your last renewal, whichever is later,** have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. **Since your initial application or your last renewal, whichever is later,** have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. **Since your initial application or your last renewal, whichever is later,** have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	*If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s).* **IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.**
		11. Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. **Since your initial application or your last renewal, whichever is later,** have you been the subject of a civil malpractice lawsuit? **If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served.** ****If you previously reported the complaint to the Board provide the docket number** _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? **If you answer "No", please provide an explanation or reason for an exemption request.**
		14. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?
		15. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/pod. Click on General Board Information. **If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2018.**
		16. Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only. Zip Code: _____

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

ACT 31 OF 2014 – INITIAL TRAINING AND CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION AND REPORTING REQUIREMENTS

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure.

Additionally, EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

Approved providers can be found by clicking on the Act 31 Mandated Child Abuse Reporter Training link on the Department's website at www.dos.pa.gov. Act 31 may be reviewed at the following link:
http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=31.

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee **(Mandatory)**: _____ Date: _____

EXPIRATION DATE: ➔	**December 31, 2016**
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" ➔	**$395.00**

Write your license number on your payment. ***A $20.00 fee will be assessed for returned payments.***

LATE FEE – $5.00 per month, or part of a month will be assessed if postmarked AFTER 12-31-16

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES
RETURN BY: December 1, 2016