

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

**RENEWAL APPLICATION – VOLUNTEER PODIATRIST**

**RETURN TO:  
STATE BOARD OF PODIATRY  
PO BOX 8417  
HARRISBURG, PA 17105-8417**

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
License number

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.)

Your current volunteer license to practice in an approved clinic without personal remuneration for professional services will expire December 31, 2010. A volunteer license shall be renewed biennially. As a condition of biennial renewal the licensee shall satisfy the continuing education requirements. The licensee is exempt from registration fees and exempt from the requirements with regard to the maintenance of liability insurance coverage.

**SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answered yes to questions 2-7 provide details AND attach certified 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</i>
		1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST: _____
		2. <b>Since your initial application or last renewal, whichever is later</b> , have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
		3. <b>Since your initial application or last renewal, whichever is later</b> , have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certification or registration in any profession in any other state or jurisdiction?
		4. <b>Since your initial application or last renewal, whichever is later</b> , have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court
		5. <b>since your initial application or your last renewal</b> , have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
		6. <b>Since your initial application or your last renewal</b> , have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?

**SECTION B - CONTINUING EDUCATION – SELECT ONE BELOW. You are required to retain your official continuing education certificates of completion for 5 years following the completion of each course.**

- During this renewal period (1/1/09 – 12/31/10) I have completed the required 50 hours of continuing education, with at least 30 hours in subjects approved by the CPME or PA Board and the remaining hours in subjects approved by the AMA, AOA, CPME or PA Board and with no more than 10 hours overall that involved the use of the computer/Internet or the reading of professional journals or magazine articles.
- I am placing my volunteer license on an inactive status and I am exempt from the CME requirement.

**SECTION C – VERIFICATION OF INFORMATION**

I verify that this form 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 pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (**Mandatory**): \_\_\_\_\_ Date: \_\_\_\_\_