

**Regular Mailing Address**  
**STATE BOARD OF PODIATRY**  
**P.O. BOX 2649**  
**HARRISBURG, PA 17105-2649**  
**717-783-4858**  
**Email: [st-podiatry@pa.gov](mailto:st-podiatry@pa.gov)**

**Courier Delivery Address**  
**STATE BOARD OF PODIATRY**  
**2601 NORTH THIRD STREET**  
**HARRISBURG, PA 17110**

### APPLICATION TO CONDUCT AN EDUCATIONAL CONFERENCE

- This application must be submitted for each program of study not approved by the CPME.
- **Submit the application at least 60-days prior to date of program. Failure to submit the application in a timely manner may result in denial of the program.** Completed applications will be reviewed by the Board at the first available Board meeting.
- Credits cannot be given for coffee breaks or non-program lunches, visits to exhibits, and the like.
- Courses or programs offered or approved by the Council on Podiatric Medical Education (CPME) will be accepted by the Board for continuing education. Separate Board approval is not needed.
- As required by section 29.65, 49 Pa. Code § 29.65, of the Podiatry Board Regulations, a representative of the institution sponsoring the educational conference must submit a copy of the Board's approval letter and an official attendance list of Pennsylvania licensees in attendance of the conference within 30 days following the final day of the conference.

### APPLICANTS MUST COMPLETE THE FOLLOWING:

- |    |   |
|----|---|
| 1. | Submit the \$75 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." <b>FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.</b> Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment. |
| 2. | Complete pages 1 and 2 of the application.  |
| 3. | Attach a copy of the full program brochure and/or a course syllabus.  |
| 4. | The Course Instructor must provide a curriculum vitae listing experience, credentials, publications, etc. related to the course subject.  |

**PLEASE NOTE:** If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

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### SPONSORING AGENCY'S NAME & ADDRESS

<b>NAME:</b>			
<b>ADDRESS:</b>	Street		
City	State	ZIP	
<b>PHONE NUMBER:</b>			
<b>TITLE OF PROGRAM:</b>			
<b>PROGRAM LOCATION:</b>	City	State	
<b>PROGRAM DATES:</b>			
<b>EDUCATIONAL HOURS:</b>			

### CURRICULA – Education Conference shall offer at least one hour of instruction

✓	Hrs.	SUBJECT	✓	Hrs.	SUBJECT
		Anatomy			Physiology
		Bacteriology			Microbiology
		Pharmacy			Chemistry
		X-Ray			Surgery
		Pre-Operative Care			Post-Operative Care
		Bio-Mechanics			Pathology
		Dermatology			Law and Medicine

**AUTHORIZED REPRESENTATIVE WHO CAN AUTHENTICATE ATTENDANCE AT THIS CONFERENCE**

<b>NAME OF CONTACT:</b>	Last	First	Middle
<b>ADDRESS:</b>	Street		
City	State	ZIP	
<b>EMAIL ADDRESS:</b>			
<b>PHONE NUMBER:</b>			

**TO BE COMPLETED BY PROGRAM COORDINATOR CONTACT**

<b>NAME OF PROGRAM COORDINATOR CONTACT:</b>	Last	First	Middle
<b>ADDRESS:</b>	Street		
City	State	ZIP	
<b>EMAIL ADDRESS:</b>			
<b>PHONE NUMBER:</b>			

**SIGNED STATEMENT**

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. Section 4904 relating to unsworn falsification to authorities and may result in the Board's withdrawal of approval.

\_\_\_\_\_  
Signature of Program Coordinator Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Program Coordinator Contact