



\*\*\*Corporation Name changes required Amended Articles and a new registration form completed.  
\*\*Additional offices require a DBA form from the County Register of Deeds.

NC Board of Podiatry Examiners  
3739 National Drive, Ste 202  
Raleigh, NC 27612  
Phone: (919) 861-5583 Fax: (919) 787-4916  
Email: [info@ncbpe.org](mailto:info@ncbpe.org)  
Web site: [www.ncbpe.org](http://www.ncbpe.org)

**ADDITIONAL OFFICE Application  
for Professional Corporation/PLLC  
in the Practice of Podiatry**

*This Form May be Duplicated for Additional Offices*

Primary Corporation Name: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Primary Corporation Address: \_\_\_\_\_

Primary Corporation City, State, Zip: \_\_\_\_\_

Primary Corporation Phone: \_\_\_\_\_

*We have opened up an additional podiatry practice location at the following address:*

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

The undersigned, being the principal officers and only stockholders of the above-named Primary Corporation, a professional corporation/PLLC that is incorporated/organized under the laws of North Carolina for the purpose of practicing podiatry, hereby certify to the Board of Podiatry Examiners of the State of North Carolina that:

All persons who are, to the best of our knowledge and belief, or will be shareholders/members and employees who will practice podiatry for the said corporation are duly licensed to practice podiatry in North Carolina. The names and license numbers of all such person/s are:

Name	License Number

This form must be signed by a licensed podiatrist who practices at the location listed above.

Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

Please complete and return with payment of \$25.00 for EACH podiatry OFFICE LOCATION to:  
NCBPE, 3739 National Dr., Suite 202, Raleigh, NC 27612

*Faxed forms will NOT be accepted as payment must accompany your application.*