



**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)

## **APPLICATION FOR RENEWAL OF CERTIFICATE OF REGISTRATION**

### **FOR PROFESSIONAL CORPORATIONS/PLLCs IN THE PRACTICE OF PODIATRY**

Please complete and return with payment of \$25.00 (additional \$10 late fee after January 31) to:  
North Carolina Board of Podiatry Examiners, 3739 National Drive, Suite 202, Raleigh, NC 27612

	Information as it currently appears in our database:	Corrections / Additional Information
<b>Corporation/PLLC Name</b>		
<b>Address:</b>		
<b>City:</b>		
<b>Zip Code:</b>		
<b>Phone:</b>		
<b>Fax:</b>		
<b>Email:</b>		

The undersigned, being the principal officers and only stockholders of \_\_\_\_\_,  
\_\_\_\_\_, either a Professional corporation or a 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 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 persons are:

<b>PODIATRIST'S NAME</b>	<b>LICENSE NUMBER</b>

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