THE BOARD OF PODIATRY EXAMINERS OF THE STATE OF NORTH CAROLINA
THIS IS YOUR RENEWAL APPLICATION TO PRACTICE AS A PODIATRIST

Your license expires June 30, and in accordance with chapter 90, Article 12A of the General Statutes of North Carolina, you are required to make application and renew your license no later than June 30. A penalty of $25.00 per month must accompany any renewal application and fee postmarked August 1 and thereafter. After December 31, your license becomes void. If you do not wish to renew, check here ☐ and return this form.

PAYABLE TO:	**SEND CHECK TO:**	1. Social security number (REQUIRED)
NC BOARD OF PODIATRY EXAMINERS	NC BOARD OF PODIATRY EXAMINERS 1500 SUNDAY DR, SUITE 102	_____ 2. a. NPI Number (Required):_____ b. DEA Number (Required):_____
RENEWAL FEE: $200.00	RALEIGH, NC 27607	3. Marital status: ☐ Married ☐ Single

4. Name: _____
5. NC License Number:_____ Birthdate:_____

6. Other states licensed in and their license numbers:
_____

Information currently appearing in your file. (7-14)	Complete 7-14 below only if info. on left is not correct(Please Print):
7. Home address and phone number Complete section to the right	7. Street _____ City _____ State _____ Zip Code _____ County _____ Phone Number ( ) _____
Business address and phone number Complete section to the rigth	Business Name _____ Street _____ City _____ State _____ Zip Code _____ County _____ Phone Number ( )_____ Fax ( )_____
8. Which address do you prefer for mailings?	8. ☐ Home ☐ Business
9. Email Address	9. Email Address_____
10. Would you like to receive email correspondence from the Board? i.e. continuing education confirmations, updates, Announcements, etc.	10. ☐ Yes ☐ No
11. Please list your Medicare Provider numbers in section B.	11. Medicare Provider Number(s):_____
12. What is your present activity status?	12. Enter code from Activity list on the back of this form: _____
13. If in practice, what is the principal setting of your primary activity in this occupation?	13. Enter code from Setting list on the back of this form: _____
14. If in practice, what is the best description of your form of employment in this occupation?	14. Enter code from Employment list on the back of this form: _____

15. American Board of Podiatric Surgery: ☐ Eligible ☐Certified ☐None
16. American College of Foot & Ankle Surgery: ☐Associate ☐Fellow ☐Other(Explain)_____
17. **Hospital Staff Privileges:**

Hospital Name	City/ State	Date Privileges Began	Type of Privileges
			☐Surgical ☐Medical
			☐Surgical ☐Medical
			☐Surgical ☐Medical

Have you ever been denied hospital privileges? ☐yes ☐no If yes, please provide the following information:

Hospital Name	City/State	Date	Reason given	Do you have a letter to this effect?
				☐yes ☐no
				☐yes ☐no

18. Do you perform any of the following: ☐Amputation ☐ Ankle Surgery ☐ Club Foot Correction
19. Board-Granted Specialty Privileges:

Continuing Education

Continuing Education credit hours earned between July 1st of the previous year and June 30th of the current year are the only hours acceptable for this renewal. According to our records, you have completed ____ of the 25 hours and _____ of the controlled substance CME required for renewal. Any additional hours for renewal must be submitted with this application no later than June 30th.

Total CME (7/1-6/30) _____ ☐ NCF&AS ☐ Other (attach documentation and include a CME Submission Form for each Certificate)

Signature_____
Date_____

ACTIVITY

ACTIVE	Practicing Podiatry
TEACH	Not practicing Podiatry—Teaching
RETIRED	Not practicing Podiatry—Retired
RESIDENT	Not practicing Podiatry—in Residency Training
OTHER	Other (specify): _____

PRINCIPAL SETTING OF PRIMARY ACTIVITY

Nonfederal Health Facility

HNF	Hospital
NNF	Nursing Home
FSC	Free Standing Clinic
GRP	Group pre–paid health plan facility
PNF	Practitioner's Office
ONF	Other nonfederal health facility (specify):

Federal Health Facility

FHM	Health facility on a military installation
VAP	V.A., Public Health, Indian Health
OHF	Other federal health facility (specify):

Miscellaneous Settings

SCH	School, Junior College, College, University, or other educational institution
Other	Other (specify):_____

FORM OF EMPLOYMENT

Self–Employed

SOLO	Solo Practitioner
NSSE	NonSolo Practitioner

Employee of

IP	Individual Practitioner
PG	Partnership or group of practitioners
LOCAL	Local Government (other than county, state or local government)
CNTY	County Government
STATE	State Government
FED	Federal Government
OTHER	Other specify):_____