



You may download a copy of this form into your computer for typing from the Board's web page: www.ncbpe.org under "News."

President
William J. O'Neill, DPM
1711 Davie Ave
Statesville, NC 28677

Attorney
Reed N. Fountain
Young, Moore & Henderson, P.A
P. O. Box 31627
Raleigh, NC 27602

Vice President
T. Eric Sicheloff, DPM
3641 Westgate Center Circle, Suite A
Winston-Salem, NC 27103

**THE BOARD OF PODIATRY EXAMINERS
OF THE STATE OF NORTH CAROLINA**

1500 Sunday Drive, Suite 102
Raleigh, North Carolina 27607-5151

Secretary-Treasurer
Christine R. Wright, DPM
1814 Westchester Dr., Suite 300
High Point, NC 27262

(919) 861-5583 FAX (919) 787-4916
www.ncbpe.org
email: info@ncbpe.org

Public Member
Tanzy B. Wallace
127 Brookhill Road
Shelby, NC 28150

Executive Secretary
Tracy Steadman
(919) 861-5583

SUBMISSION OF PROOF OF
CONTINUING MEDICAL EDUCATION (CME)
(This Form must accompany your Certificate/s of Completion of Courses
For continuing education courses NOT sponsored by the NC Foot and Ankle Society)

*****PLEASE TYPE*** (using computer or typewriter)**

PODIATRIST'S NAME _____ **LICENSE #** _____

NAME OF SPONSORING ORGANIZATION _____
(e.g., APMA, Goldfarb Foundation, American College of Foot & Ankle Surgeons, the Podiatry Institute, etc.)

COURSE/EVENT NAME _____
(e.g., 2013 Annual Scientific Session, Footprints in the Sand, Rearfoot Reconstruction Seminar, 27th Annual Conference, etc.)

CITY & STATE of COURSE LOCATION _____

DATE(S) OF COURSE _____ for LICENSE YEAR _____ ending 6/30/18

NUMBER OF CME HOURS COMPLETED _____

I certify that I have attended the above-named Continuing Medical Education (CME) activity for the hours noted above:

HANDWRITTEN ORIGINAL SIGNATURE OF PODIATRIST _____ **DATE** _____

**REQUIRED: THIS FORM MUST ACCOMPANY THE CME CERTIFICATE RECEIVED
FROM THE SPONSORING ORGANIZATION and BE RETURN TO THE BOARD
WITH YOUR ANNUAL RENEWAL MATERIALS or other CME submission of Attendance Certificates.**

For office use only
Customer Number _____ Sponsor Approval Number _____ Entered date _____ Initials _____