



North Carolina Board of Podiatry Examiners

Application For Renewal Of Certificate Of Registration For Professional Corporations/PLLC's In The Practice of Podiatry

*Please complete and return with payment of \$25.00 to:
North Carolina Board of Podiatry Examiners, 1500 Sunday Dr. Suite 102, Raleigh, NC 27607*

List information as it should appear in the database.

	Corrections/Additions
Corporation/PLLC Name	_____
Issue Date	_____
Address:	_____
City:	_____
Zip Code:	_____
County:	_____
Phone:	_____
Fax:	_____

The undersigned, being the principal officers and only stockholders of _____
 a (professional corporation PLLC) (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:
 All persons, who are, to the best of our knowledge and belief, 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 persons are:

PODIATRIST'S NAME	LICENSE NUMBER	CORRECTIONS/ADDITIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____

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1. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any persons listed above.
2. We represent that the corporation/PLLC has been and will be conducted in compliance with the Professional Corporation Act and with the Regulations of the Board of Podiatry Examiners of the State of North Carolina.
3. Application is hereby made for a renewal of the Certificate of Registration pursuant to the provisions of NC G.S. 55B-11. **Attached hereto is a check/money order for \$25.00 for the registration fee.**

(Corporation/PLLC Name)

BY: _____

(Signature)

DATE: _____



FOR OFFICE USE

Ck/MO# _____ DATE _____ NAME/ CO. _____

Constituent # _____ AMT PAID \$ _____