



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

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

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

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

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

(919) 861-5583 FAX (919) 787-4916

www.ncbpe.org
email: info@ncbpe.org

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

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

Executive Secretary
Tracy Steadman
(919) 861-5583

APPLICATION FOR CERTIFICATE OF REGISTRATION

FOR PROFESSIONAL CORPORATIONS/PLLCs IN THE PRACTICE OF PODIATRY

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:

1. All persons, who are, to the best of our knowledge and belief, will be (shareholders/members) and employees who will practice podiatry for said corporation are duly licensed to practice podiatry in North Carolina. The names and addresses of all such persons are:

Name

Address, Telephone, Fax & Email

(a) _____

(b) _____

(c) _____

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any persons listed above.
3. 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.
4. Application is hereby made for a Certificate of Registration pursuant to the provisions of NC G.S. 55B-11. **Attached hereto is 1) a check for \$50.00 for the registration fee and 2) a copy of the Articles of Incorporation.**

(Corporation/PLLC Name)

BY: _____
(Title)

DATE: _____

**Please indicate your corporation/PLLC mailing address if different from listing in Item 1.
Be very specific when listing the registered name of the corporation/PLLC. Punctuation and abbreviations are very important.**

