



**THE BOARD OF PODIATRY EXAMINERS**  
 3739 National Drive, Suite 202, Raleigh, NC 27612  
 (919) 861-5583 FAX (919) 787-4916  
[www.ncbpe.org](http://www.ncbpe.org)  
 email: [info@ncbpe.org](mailto:info@ncbpe.org)

INSTRUCTIONS: Complete portion "To be completed by Applicant" and send the entire form to the other state(s) or territory(ies) where you have or had a license. Do NOT send directly to the NC Board of Podiatry Examiners. The other state(s) or territory(ies) should send the form back to North Carolina once the "To be completed by State Board" portion is completed and state seal affixed.

<b>PODIATRY VERIFICATION OF LICENSE</b>				
I am applying for a license to practice podiatry in the State of North Carolina. The Board of Podiatry Examiners of the State of North Carolina requires that this form be completed by each state in which I hold or have held licenses, whether now current or not. Please complete the form and return it <i>directly</i> to the NC Board of Podiatry Examiners at the above address.				
<b>TO BE COMPLETED BY APPLICANT</b>				
Name	Last	First	Middle	Suffix (Jr., II)
Current Address - Number & Street		License Number		
City	State	Zip	Date of Birth	Month/Day/Year
I hereby authorize the licensing agency of the State of _____ to furnish the Information below to the North Carolina Board of Podiatry Examiners.				
Signature of Applicant		Date		
<b>TO BE COMPLETED BY STATE BOARD</b>				
State				
Name of Licensee				
Last				
First				
Middle				
Suffix (Jr., II)				
License Number		Issue Date	Month/Date/Year	License current? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain:
			Yes	No
			Cannot answer under current state law	
Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>
Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever been warned, censured, or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, please attach complete details.</i>				
<div style="border: 2px solid black; padding: 10px; display: inline-block; width: 200px;">           AFFIX BOARD SEAL            NOT VALID            WITHOUT SEAL         </div>				
Signature _____				
Title _____				
Date _____				