



Arizona State Board of Podiatry Examiners  
 "Protecting the Public's Health"

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Katie Hobbs,  
 Governor

**2024 PODIATRIC LICENSE RENEWAL APPLICATION**

Pursuant to A.R.S. § 32-829(A) ...“a license to practice podiatry expires on June 30 of each year.” A licensee who does not renew a license on or before July 30 shall also pay a penalty fee of \$150.00. To renew a license, the licensee shall complete the following application and submit the prescribed \$425.00 renewal fee, made payable to the Board, and present evidence satisfactory to the Board that in the year preceding this application for renewal, the licensee attended at least twenty-five (25) hours of Board approved continuing medical education courses or programs. **Dispensing fee is included.**

**1. PERSONAL DATA FOR**

**LICENSE #:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **INITIAL** \_\_\_\_\_

**2. RESIDENTIAL ADDRESS**

Street Address \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_ Fax (include area code) \_\_\_\_\_

**3. EMPLOYER ADDRESS (Primary\*) – Pursuant to A.R.S. § 32-829(D), “must report changes within 30 days”.**

Name of Employer \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_ Fax (include area code) \_\_\_\_\_

**\*If you have more than one business or multiple locations, please include a comprehensive list on a separate page**

**ADDRESS OF RECORD**

Which one of the above addresses would you like to be your “Address of Record”? This will be the physical address and telephone number available to the public. Any changes must be in writing and include a signature and date.

Residential                      OR                      Business

Which one of the above addresses would you like to be your mailing address? This will be the address and telephone number that the Board will utilize for sending you correspondence. Any changes must be in writing and include a signature and date.

Residential                      OR                      Business

*\* If you do not have a business address, you can “opt” out of having your home address listed on the Board’s website pursuant to A.R.S. §32-3226(E). If you choose to “opt” out of disclosing your home address you must provide a phone number and/or email address that the Board can disclose to the public.*

#### **4. CITIZENSHIP STATUS**

- a. Are you a United States Citizen or legal resident authorized to work in the United States? Yes                      or                      No
- b. Has there been any change to your citizenship/residency since your last renewal or initial application? Yes\*                      or                      No

**\*If you answered yes to part (b) of question 4, you MUST complete the [Statement of Citizenship Form](#) and supply the appropriate supportive documentation as required by the form.**

#### **5. PROFESSIONAL CONDUCT**

Pursuant to A.A.C. R4-25-306, please answer the following questions and submit any supportive documentation. When answering the questions, please answer based on your conduct over THE past 12 months directly preceding this renewal. If you require legal advice you may wish to contact an attorney. The Board and its office are prohibited from providing any legal advice. ***All questions must be answered with an affirmative Yes, a negative No or an N/A (where appropriate).***

- a. Have you been named as a defendant in a medical malpractice matter during the 12 months before the date of this renewal application? Yes                      or                      No
- b. Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself during the 12 months before the date of this renewal application? Yes                      or                      No

*\*If you answered Yes to questions a. or b., you must provide the name of the court having jurisdiction over the medical malpractice matter and case number assigned, if applicable, to the medical malpractice matter, and attach copies of all court documents relating to the medical malpractice matter.*

- c. Have you been convicted of a felony or misdemeanor involving moral turpitude during the 12 months before the date of this renewal application? Yes                      or                      No
- d. Has your malpractice or professional liability insurance been denied, suspended or revoked during the 12 months before the date of this renewal application? Yes                      or                      No
- e. If applicable, has your Drug Enforcement Administration (“DEA”) Certificate of Registration, required in A.A.C. R4-25-602, been suspended or revoked during the 12 months before the date of this renewal application, or is currently under investigation? Yes                      No                      N/A\*

*\*Answering N/A means you did not hold a DEA Certificate of Registration for any part of the previous 12 months.*

f. Have you had a license, certification or registration, other than a driver's license, denied, suspended or revoked by any State or Jurisdiction during the 12 months before the date of this renewal application? Yes or No

g. Have you been treated for alcoholism or drug abuse (including prescription drugs) during the 12 months before the date of this renewal application? Yes or No

h. Have you had a medical condition that in any way impairs or limits your ability to practice podiatric medicine? Yes or No

i. Have you been denied staff membership in a hospital or other health care institution, as defined by A.R.S. § 36-401, during the 12 months before the date of this renewal application? Yes or No

j. Have you been investigated by a health insurance company for health insurance fraud during the 12 months before the date of this renewal application? Yes or No

k. Other than Arizona, have you ever entered into a consent agreement or stipulation or are you currently under investigation with any State or Jurisdiction during the 12 months before the date of this renewal application? Yes or No

l. Do you possess a valid fingerprint clearance card? Yes No

**NOTE: (If you answered "yes" to any of the questions in section 5, you must attach, to this renewal application, a written, narrative explanation of your answer(s), which must include all relevant dates, locations, and names of persons, facilities and jurisdictions. You must also attach copies of all related documents such as police reports, criminal convictions/plea agreements, disciplinary actions, malpractice settlements or judgments, etc.) Arizona Revised Statute § 32-3208 requires that a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.**

## **6. DISPENSING DRUGS AND/OR DEVICES**

a. Do you hold a current United States Drug Enforcement Administration (DEA) Certificate of Registration\* issued by the Department of Justice under 21 U.S.C. 801, et seq. to dispense drugs and/or devices? Yes or NO

b. Please enter your DEA registration number: \_\_\_\_\_ and

Expiration Date: \_\_\_\_\_ (if applicable)

***\*You must include a copy of your DEA Certificate of Registration.***

c. List the address of each location where you intend to dispense drugs and/or devices, if applicable:

1.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

2.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

3.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

f. List the types of drugs and/or devices you intend to dispense, if applicable:

DRUGS:

DEVICES:

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*\*Please include a separate page for more locations, drugs and/or devices.*

**7. CONTINUING MEDICAL EDUCATION**

Pursuant to A.R.S. § 32-829, a licensee shall present evidence satisfactory to the Board that in the year preceding (July 1, 2023 - June 30, 2024) the application for renewal the licensee obtained at least twenty-five hours, **licensees that hold a DEA certificate of registration must have three of the required hours in opioid related issues**, of Board approved continuing medical education (“CME”) courses or programs.

Please complete the following information for each CME course you completed. Make additional copies of this form if needed. **YOU MUST INCLUDE DOCUMENTATION (COPY OF CERTIFICATE OF COMPLETION) WITH THE RENEWAL APPLICATION.**

Are you requesting a waiver of the required CME due to a disability, military service or absence from the continental United States? Yes\*                      or                      No

*\*If yes, you must submit satisfactory proof of the disability, military service or absence from the continental United States.*

1. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar            Internet/Self Study/CD-ROM/Journal            Other

Credit Hours Received: \_\_\_\_\_                      Date of Completion: \_\_\_\_\_

2. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar            Internet/Self Study/CD-ROM/Journal            Other

Credit Hours Received: \_\_\_\_\_                      Date of Completion: \_\_\_\_\_

3. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar    Internet/Self Study/CD-ROM/Journal    Other

Credit Hours Received: \_\_\_\_\_    Date of Completion: \_\_\_\_\_

4. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar    Internet/Self Study/CD-ROM/Journal    Other

Credit Hours Received: \_\_\_\_\_    Date of Completion: \_\_\_\_\_

5. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar    Internet/Self Study/CD-ROM/Journal    Other

Credit Hours Received: \_\_\_\_\_    Date of Completion: \_\_\_\_\_

6. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar    Internet/Self Study/CD-ROM/Journal    Other

Credit Hours Received: \_\_\_\_\_    Date of Completion: \_\_\_\_\_

7. Course/Program Title: \_\_\_\_\_

Course/Program Description: \_\_\_\_\_

Mode CME was received:    Live/Webinar    Internet/Self Study/CD-ROM/Journal    Other

Credit Hours Received: \_\_\_\_\_    Date of Completion: \_\_\_\_\_

### **AFFIRMATION**

I, \_\_\_\_\_, declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this renewal and all subsections herein; that I have read and understand the Statutes and Rules regarding renewal; that I am in compliance with requirements set forth in A.R.S. §32-3211; that I have read the complete renewal application, know the full contents thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct and were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all hospitals, institutions or organizations, any references, personal physicians, employers, business and professional associates and all government agencies (local, state, federal or foreign) to release to the Arizona State Board of Podiatry Examiners or its successors, ("Board"), any information, files or records, including personal records, educational records, and

records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this renewal, or any further or future investigation by the Board necessary to determine my medical competence, professional conduct, or physical or mental ability to safely engage in the practice of podiatry. I further authorize the Board to release to the organizations, individuals or groups listed above any information which is material to the application or any subsequent licensure. I hereby release the Board from any liability arising out of the furnishing or inspection of such information. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same, or to hold a hearing to revoke the same if already approved.

I acknowledge that a registration to dispense drugs and/or devices issued by the Board must be renewed annually in conjunction with my primary license renewal. I agree that any false statement(s) herein constitutes sufficient cause to deny the renewal of my registration to dispense drugs and/or devices, to hold a hearing to revoke the same, and/or to hold a hearing to take disciplinary action against my primary license to practice podiatric medicine in the State of Arizona.

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**Applicant's Signature**

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**Executed on [Date]**

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*With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:*

*B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.*

*D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.*

*E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.*

*F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02*

*With respect to licensing, please note that A.R.S. §41-1093.01 provides that:*

*An agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to Sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes. You have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.*