



Douglas A. Ducey
Governor

State Of Arizona Board of Podiatry Examiners
1400 W. Washington, Ste. 230
Phoenix, AZ 85007
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(602) 542-3095

2015 LICENSE RENEWAL APPLICATION

Please type or print clearly in black ink. All questions must be answered with the requested information, or you may state "none" or "N/A" if appropriate. **YOU MAY NOT LEAVE ANY QUESTION BLANK.**

1. Name: _____ **License #:** _____
Last name First name M.I.

2.:Current Business Name & Primary Location: _____ **3. Home Address and Phone Number:** _____

Business Name _____ Street Address _____

Street Address _____ City, State and Zip Code _____

City, State and Zip Code _____ (_____) _____
Phone Number Phone Number

(_____) _____ (_____) _____
Phone Number Alternate Number (or N/A)

(_____) _____
Fax Number

IF YOU HAVE MORE THAN ONE BUSINESS LOCATION, ATTACH A LIST OF ALL LOCATIONS.

4. Which address is your preferred mailing address? Home Business
(This will be published as your public address / phone number.)

5. Do you wish to provide an email address? (not required) _____

6. Citizenship Status:

- a. Are you a U.S. citizen or legal resident authorized to work in the U.S.?..... Yes No
- b. Has there been any change in your citizenship / resident alien status since..... Yes No
your last application?

(If you answered yes to question 6.b., you must complete the Arizona Statement of Citizenship / Alien Status Form and submit it with your renewal. If there have been no changes, no documentation is required.)

7. SINCE YOUR LAST APPLICATION:

a. Have you been charged with, convicted of, or entered a plea of "no contest" or "nolo contendere" to, a felony or a misdemeanor involving moral turpitude? (Do not include civil traffic violations.) *	_____ Yes _____ No
b. Have you had an application for a license, certification, or registration, (other than a driver's license), denied or rejected by any state or federal jurisdiction?	_____ Yes _____ No
c. Have you had a license, certification, or registration, (other than an driver's license), disciplined, suspended or revoked by any state or federal jurisdiction?	_____ Yes _____ No
d. Have you entered into a consent agreement or stipulated agreement with any state licensing agency or jurisdiction?	_____ Yes _____ No
e. Has your professional license been investigated, or are you currently under investigation, by any state licensing agency or jurisdiction?	_____ Yes _____ No

f. Have you had a registration issued by a controlled substance authority (state or federal) revoked, suspended, restricted or denied, or have you surrendered such a registration in lieu of formal action?	_____ Yes _____ No
g. Have you been investigated by a controlled substance authority (state or federal)?	_____ Yes _____ No
h. Has your medical staff membership at any facility or healthcare institution been investigated, denied, restricted, sanctioned, withdrawn or revoked? (Voluntarily or involuntarily.)	_____ Yes _____ No
i. Has a malpractice case been served or filed against you? (If yes, you must submit the court name, case number, case status, and copies of all available court documents.)	_____ Yes _____ No
j. Has your malpractice or professional liability insurance been denied, suspended, revoked or surcharged?	_____ Yes _____ No
k. Have you been investigated by any insurance reimbursement program, (government or private), or had your participation in such program(s) revoked or withdrawn?	_____ Yes _____ No
l. Do you currently have any physical or mental condition which impairs, limits, or in any way affect your ability to safely and competently engage in the practice of podiatry?	_____ Yes _____ No
m. Have you been treated for the use or abuse of alcohol, or for any illegal or controlled substance (including prescription medication)?	_____ Yes _____ No

* Please contact the Board's office if you are uncertain of what constitutes "moral turpitude."

If you answered "yes" to any of the questions in section 7, you must attach to this application a written, narrative explanation of your answer 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 criminal convictions, disciplinary action, malpractice case documents, etc.

8. Dispensing Drugs and Devices:

a. Do you currently hold a Registration to Dispense Drugs and Devices issued..... _____ Yes _____ No by the Arizona Podiatry Board?

IF YOU ANSWERED "NO" TO QUESTION 8.a, SKIP THE REMAINDER OF THIS SECTION AND PROCEED TO THE CONTINUING MEDICAL EDUCATION SECTION.

b. Do you wish to renew this registration? _____ Yes _____ No

c. Are you registered by the U.S. Department of Justice, (Drug Enforcement..... _____ Yes _____ No Agency), to dispense controlled substances under the federal provisions of 21 U.S.C. 801, *et seq.*?

d. Enter your DEA registration number: _____ Expiration Date: _____

You must attach a copy of your DEA registration.

e. List the types of controlled substances, prescription-only drugs, and prescription-only devices you dispense:

f. List the locations where you dispense: _____

9. Continuing Medical Education:

a. Between **July 1, 2014 and June 30, 2015**, did you complete at least 25 hours..... _____ Yes _____ No of Board-approved CME ? [If no, you must submit satisfactory proof that you were unable to complete the CME requirements pursuant to A.R.S. §32-829(C).]

b. Since your last application, have you been required to complete additional continuing.. _____ Yes _____ No medical education due to a disciplinary action or agreement with this agency?

c. Complete the following information for each CME course you completed. Make additional copies of this form if needed.

(YOU MAY NOT STATE "SEE ATTACHED." YOU MUST COMPLETE THIS FORM. PLEASE DO NOT SUBMIT COPIES OF YOUR CME CERTIFICATES UNLESS SPECIFICALLY ASKED TO DO SO.)

Program Title: _____ Date(s): _____
Sponsor: _____ Location: _____
Program Objectives / Content: _____

Hours: _____

Program Title: _____ Date(s): _____
Sponsor: _____ Location: _____
Program Objectives / Content: _____

Hours: _____

Program Title: _____ Date(s): _____
Sponsor: _____ Location: _____
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Hours: _____

Program Title: _____ Date(s): _____
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Program Objectives / Content: _____

Hours: _____

Program Title: _____ Date(s): _____
Sponsor: _____ Location: _____
Program Objectives / Content: _____

Hours: _____

The practice of podiatry in Arizona is governed by Arizona Revised Statutes, Title 32, Chapter 7, and the Arizona Administrative Code, Title 4, Chapter 25. In addition, the Board has adopted four Substantive Policy Statements. Each of these documents is available on the Board's website or may be obtained by contacting the Board's office directly.

ARIZONA REVISED STATUTES §32-3208 REQUIRES THAT A LICENSE HOLDER WHO HAS BEEN CHARGED WITH ANY FELONY, OR A MISDEMEANOR INVOLVING CONDUCT WHICH MAY AFFECT PATIENT SAFETY, SHALL NOTIFY THEIR LICENSING BOARD WITHIN 10 DAYS AFTER THE CHARGE IS FILED. ALL FELONY CHARGES MUST BE REPORTED. A LIST OF REPORTABLE MISDEMEANORS IS AVAILABLE BY CONTACTING THE BOARD'S OFFICE.

AFFIRMATION

I, _____, being first duly sworn upon my oath, depose and say: that I am the person herein named subscribing to this application and all subsections herein, ("application"); that I have read and understand the Statutes and Rules regarding licensure; 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 our 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 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 application, 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.

With regard to dispensing drugs and/or devices, I understand that prior to dispensing controlled substances, prescription-only drugs, and/or prescription-only medical devices I must submit an "Initial Registration to Dispense Drugs and Devices" application form which must be affirmatively approved by the Board. I further acknowledge that a registration to dispense drugs and 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 devices, to hold a hearing to revoke the same if already approved, and/or to hold a hearing to take disciplinary action against my primary license to practice podiatric medicine in the state.

Signature of Applicant _____ Date: _____
(Notary seal HERE)

State of _____,

County of _____,

Subscribed and sworn to before me on this _____ day of _____, 2015.

Notary Public Signature: _____ My Commission Expires: _____

DO NOT WRITE OR STAMP BELOW THIS LINE

_____ Rec'd	_____ Complete	_____ Ctzn change
_____ Def	_____ CME rpt	_____ "Yes" on 7
_____ A / C	_____ Fee Paid	_____
_____ A / C ltr	_____ Late fee	_____
_____ Subs. Def.		_____
_____ Info Req'd	_____ Disp. Fee	_____
_____ Info Rec'd	_____ Disp. info	
_____ Approved/Deny	_____ DEA copy	