

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 past 12 months directly preceding this renewal. Please contact an attorney, if you need legal advice. 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 convicted of a felony or misdemeanor involving moral turpitude during the 12 months before the date of this renewal application? Yes* or No

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

- c. 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
- d. 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 or N/A*

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

- e. 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
- f. 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

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

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 currently hold a Registration to Dispense Drugs and/or Devices issued by the Arizona State Board of Podiatry Examiners? Yes or No

*If you answered “**Yes**” to question 6.a., please proceed to question 6.b. If you answered “**No**” to question 6.a. and do not wish to hold an Arizona Registration to Dispense Drugs and/or Devices, please skip the remainder of section 6 and proceed to the continuing medical education section 7.*

*If you answered “**No**” to question 6.a. and now wish to hold a Registration to Dispense Drugs and/or Devices, please complete the Initial Registration to Dispense Drugs and/or Devices Application, which can be found on the Board's website.*

- b. Do you wish to renew your Registration to Dispense Drugs and/or Devices?
Yes or No

*If you answered “**Yes**” to question 6.b., please include the required \$100.00 renewal fee and proceed to answer the following four questions. If you answered “**No**” to question 6.b. and do not wish renew your Arizona Registration to*

Dispense Drugs and/or Devices, please skip the remainder of section 6 and proceed to the continuing medical education section 7.

c. 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

d. Please enter your DEA registration number: _____ and

Expiration Date: _____

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

e. List the address of each location where you intend to dispense drugs and/or devices:

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:

DRUGS:

DEVICES:

_____	_____
_____	_____
_____	_____
_____	_____

**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 the application for renewal the licensee attended at least twenty-five hours 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 MAY NOT STATE “SEE ATTACHED.” PLEASE DO NOT SUBMIT COPIES OF YOUR CME CERTIFICATES UNLESS SPECIFICALLY ASKED TO DO SO.**

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: _____

Credit Hours Received: _____ Date of Completion: _____

2. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

3. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

4. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

5. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

6. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

7. Course/Program Title: _____

Course/Program Description: _____

Credit Hours Received: _____ Date of Completion: _____

AFFIRMATION

I, _____, being first duly sworn upon my oath, depose and say: that 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.

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/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 if already approved, and/or to hold a hearing to take disciplinary action against my primary license to practice podiatric medicine in the State of Arizona.

Applicant's Signature

Date

NOTARY

State of _____

(Notary Seal Here)

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public

Date Commission Expires

OFFICE USE ONLY

PLEASE DO NOT WRITE OR STAMP BELOW THIS LINE

_____ Rcv'd	_____ Info Rcv'd	_____ Disp. Fee
_____ Def	_____ Approve/Deny	_____ Disp. Info
_____ A/C	_____ Complete	_____ DEA Copy
_____ A/C Ltr	_____ CME Rpt	_____ Ctzn Chg
_____ Subs. Def	_____ Renewal Fee	_____ Yes on Conduct
_____ Info Rqst'd	_____ Late Fee	

Additional Info: _____
