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

Douglas A. Ducey
Governor

Sarah Penttinen
Executive Director

April 30, 2015

Dear Doctor:

Enclosed here is your 2015 license renewal application. **Please read these instructions and the application form very carefully and in their entirety.**

**Completing the application form:**
You must complete every section of the application. If a question does not apply to you, mark "N/A," but do not leave any question or section blank. Also, your application must be legible. If it is not legible, or if it is incomplete, your application will be sent back to you to re-do and may be subject to the late renewal fee. (See below for late fee information.)

**Your address of record:**
You must provide the board with at least one physical address for either your home address or your business address. You may not submit only a PO Box address. If you wish, you may have a PO Box for your public address; however, the Board must have at least one physical street address for you.

**DUE DATES AND FEES:**
Your renewal application should be received by June 30, 2015 and must include the fee of **$275.00**. As in previous years, you have a **30 day grace period** in which you may submit your renewal application without a late fee. Any renewal application received **after July 30** must also include a late fee of $150.00. If you renew late, your application must be received with the late fee no later than August 31, 2015. (Please note that if any due date falls on a weekend or recognized holiday, the due date will be considered the next regular business day.) License renewal fees and late fees are not refundable under any circumstances. If we do not receive your renewal application by the last date of the grace period, your license will be considered expired, you will not be allowed to practice, and you will be required to re-apply for your license during the next new application cycle. **Please note, postmarked dates are not considered**. Renewal forms, associated documents, and all fees must be received in the office by the applicable due date(s). (NOTE: the last date to submit your application without the late fee is **JULY 30 NOT JULY 31**.)

**Supplemental documents:**
Any documents attached to your application should be on single-sided copies on standard 8.5 x 11 paper. Also, we are not able to accept any documents by fax. DO NOT FAX ANY LICENSE RENEWAL DOCUMENTS.

**Registration to dispense drugs and devices:**
If you hold a registration to dispense drugs and devices, the dispensing renewal is incorporated into the license renewal form. However, you must still submit the dispensing renewal fee of $100.00. You must also attach a copy of your current DEA registration.

**Continuing medical education:**
You must complete 25 hours of CME for each license period (between July 1, 2014 and June 30, 2015). At least 15 of those hours must be directly related to foot, leg and ankle care; the remaining 10 hours may be associated medical topics such as diabetes, pharmacology, billing and coding, etc. Please contact the board's office with any questions in this regard, or you may also find information

on the board's website on the "Continuing Medical Education" page. Also, a maximum of 10 hours may be completed using journal reviews, online courses or CD-ROM type format; at least 15 hours must be direct instruction.

**Medical records storage:**
Arizona Revised Statutes §32-3211 provide specific direction to all health care practitioners regarding the secure storage, transfer and access to medical records. The "Affirmation" statement at the end of the renewal form includes your certification that you are in compliance with this law. Please contact the Board's office if you need to obtain a copy of this law.

**Approval of your license renewal:**
The Board reviews license renewal applications once per month at the regularly-scheduled Board meetings. If you wait until the end of the grace period, you will likely have difficulties with your facility privileges. **PLEASE REFER FACILITY STAFF TO A.R.S. §41-1064 BEFORE YOU OR THEY CONTACT BOARD STAFF REGARDING THE STATUS OF YOUR RENEWAL.** The Board will not make accommodations to expedite the review of renewal applications.

**Time periods for reviewing renewal applications:**
There are three time frames involved in reviewing your renewal application. The first is called the "Administrative Completeness Review" period and is defined as, "the number of days from agency receipt of an application for a license until an agency determines that the application contains all components required by statute or rule, including all information required to be submitted by other government agencies." (ARS §41-1072.) Under the board's regulations, we have 15 days to complete this review. However, if you have been notified in writing of any deficiencies in your application materials, this time period is suspended from the date of our notice until all materials are received.

The second time period is the "Substantive Review" and is defined as, "the number of days after the completion of the administrative completeness review timeframe during which an agency determines whether an application or applicant for a license meets all substantive criteria required by statute or rule." (A RS §41-1072.) Under the board's regulations, we have 45 days to complete this review. Again, the board may or may not identify deficiencies or the need for additional information. If you have been notified in writing of any deficiencies in your application materials during this time period, the time period is suspended from the date of our notice until all materials are received.

Essentially, the Administrative Completeness Review makes sure all necessary documentation has been received, and the Substantive Review is the assessment of the information contained in those documents. Together they are known as the "Overall Time Frame." If the board fails to issue you a written notice either approving or denying your license renewal within the Overall Time Frame, (within 60 days as described above), we are required to refund your application fee. (ARS §41-1077.)

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Please feel free to contact the board's office if you have any questions.

Sincerely,

Sarah Penttinen
Executive Director

The Arizona Pharmacy Board now requires all licensed healthcare professionals to register with their Prescription Monitoring Program. Information regarding this registration can be found on the Pharmacy Board's website at www.pharmacy.az.gov or by calling (602) 771-2727.

Failure to complete this registration may be cause for disciplinary action pursuant to the Podiatry Board's statute A.R.S. §32-854.01(18). However, any questions regarding this requirement or the registration process should be directed to the Pharmacy Board.

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## 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.**

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

**2.:Current Business Name & Primary Location:**

_____
Business Name

_____
Street Address

_____
City, State and Zip Code

( _____ ) _____
Phone Number

( _____ ) _____
Fax Number

**3. Home Address and Phone Number:**

_____
Street Address

_____
City, State and Zip Code

( _____ ) _____
Phone Number

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

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.

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**8. Dispensing Drugs and Devices:**

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

**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 Agency), to dispense controlled substances under the federal provisions of 21 U.S.C. 801, *et seq.*? ..... _____ Yes _____ No

**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: _____

_____

_____

_____

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**9. Continuing Medical Education:**

a. Between July 1, 2014 and June 30, 2015, did you complete at least 25 hours 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).] ..... _____ Yes _____ No

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

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: _____

Program Objectives / Content: _____

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Hours: _____

Program Title: _____ Date(s): _____

Sponsor: _____ Location: _____

Program Objectives / Content: _____

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_____

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 | |