BPE Form No 4 – rev 3/19/04

THE BOARD OF PODIATRY EXAMINERS OF THE STATE OF NORTH CAROLINA
THIS IS YOUR RENEWAL APPLICATION TO PRACTICE AS A PODIATRIST

Your license expires June 30, and in accordance with chapter 90, Article 12A of the General Statutes of North Carolina, you are required to make application and renew your license no later than June 30. A penalty of $25.00 per month must accompany any renewal application and fee postmarked August 1 and thereafter. After December 31, your license becomes void. If you do not wish to renew, check here ☐ and return this form.

PAYABLE TO: THE BOARD OF PODIATRY EXAMINERS OF THE STATE OF NORTH CAROLINA **RENEWAL FEE:** $200.00	**SEND CHECK TO:** NC BD. OF PODIATRY EXAMINERS 1500 SUNDAY DR, SUITE 102 RALEIGH, NC 27607-5151	**1. Social security number (REQUIRED)** _____ 2. Marital status: Married ☐ Single ☐

3. Name:
4. License Number in North Carolina:

5. Other states licensed in and their license numbers:

Information currently appearing in your file. (6-13)	*Complete 6-12 below only if info. on left is not correct(Please Print):*
6 Home Address and Phone Business Name, Address, and Phone	6. Home Address Street_____ City _____ State _____ Zip code _____ County _____ Phone Number ( ) _____ Area Code Business name _____ City _____ State _____ Zip code _____ County _____ Phone Number ( ) _____ Fax ( ) _____ Area Code
7 Email:	7. Email Address_____
8. Which address do you prefer for mailings?	8. Home ☐(1) Business ☐(2)
8a. Would you like to receive Email correspondence from the Board? (i.e. Continuing Education confirmations. Updates, Annoucements, etc.)	8a ☐Yes ☐No
9. *Medicare Provider Number(s)*: → → → →→ → → →	***9. Medicare Provider Number(s):***_____
10. What is your specialty (area of practice)?	10 Enter number from **List I** on page two of this form. _____
11. What is your present activity status?	11. Enter number from **List II** on page two of this form. _____
12. If in practice, what is the principal setting of your primary activity in this occupation?	12. Enter number from **List III** on page two of this form. _____
13. If in practice, what is the best description of your form of employment in this occupation?	13. Enter number from **List IV** on page two of this form. _____

14. American Board of Podiatric Surgery: ☐ Eligible ☐Certified ☐None of the Above
15. American College of Foot & Ankle Surgery: ☐Associate ☐Fellow ☐Other(Explain)_____
16. **Hospital Staff Privileges:**

Hospital Name	City/ State	Date Privileges Began	Type of Privileges
			☐Surgical ☐Medical
			☐Surgical ☐Medical
			☐Surgical ☐Medical

Have you ever been denied hospital privileges? ☐yes ☐no If yes, please provide the following information:

Hospital Name	City/State	Date	Reason given	Do you have a letter to this effect?
				☐yes ☐no
				☐yes ☐no

→Continuing Education

Continuing Education credit hours earned between July 1st of the previous year and June 30th of the current year are the only hours acceptable for this renewal. I have completed _____ of the 25 hours required for renewal. **Any additional, *pre-approved*, hours for renewal must be submitted with this application no later than June 30th.**

Did you enclose: Signed disclaimer form, this application, $200 check, any late fees, and documentation proof of CMEs earned (unless NC F&AS)?

Signature_____ Date_____

For office use only
CUSTOMER # ORDER # AMOUNT PAID $ CK #