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**THE BOARD OF PODIATRY EXAMINERS  
OF THE STATE OF NORTH CAROLINA**

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**APPLICATION FOR CERTIFICATE OF REGISTRATION**

**FOR PROFESSIONAL CORPORATIONS/PLLCs IN THE PRACTICE OF PODIATRY**

The undersigned, being the principal officers and only stockholders of \_\_\_\_\_

\_\_\_\_\_, a (professional corporation/PLLC)

(incorporated/organized) under the laws of North Carolina for the purpose of practicing podiatry, hereby certify to the Board of Podiatry Examiners of the State of North Carolina:

1. All persons, who are, to the best of our knowledge and belief, will be (shareholders/members) and employees who will practice podiatry for said corporation are duly licensed to practice podiatry in North Carolina. The names and addresses of all such persons are:

Name

Address, Telephone, Fax & Email

(a) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any persons listed above.
- 3. We represent that the corporation/PLLC has been and will be conducted in compliance with the Professional Corporation Act and with the Regulations of the Board of Podiatry Examiners of the State of North Carolina.
- 4. Application is hereby made for a Certificate of Registration pursuant to the provisions of NC G.S. 55B-11. **Attached hereto is 1) a check for \$50.00 for the registration fee and 2) a copy of the Articles of Incorporation.**

\_\_\_\_\_  
(Corporation/PLLC Name)

BY: \_\_\_\_\_  
(Title)

DATE: \_\_\_\_\_

**Please indicate your corporation/PLLC mailing address if different from listing in Item 1.**

**Be very specific when listing the registered name of the corporation/PLLC. Punctuation and abbreviations are very important.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_