



North Carolina Board of Podiatry Examiners
2018-2019 Renewal Disclaimer Form

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

1. Has your license ever been revoked, suspended, or cancelled?
2. Have you ever been denied a license?
3. Have you ever been a defendant in a legal action involving professional liability (malpractice); have you ever been named in a malpractice suit, had a professional liability claim paid on your behalf, or paid such a claim on yourself?
4. Do you currently have any medical, chemical dependency or psychiatric conditions that might adversely affect your ability to practice medicine or surgery or to perform the essential functions of your position?
5. Do you presently engage in illegal drug use?
6. Do you have any physical, mental or substance abuse problems that could impede your ability to provide care according to standards of professional performance or pose a threat to the health or safety of patients?
7. Do you have any history of alcohol, drug or chemical abuse or dependency (unrelated to prescription drugs medically required to treat a chronic condition)?
8. Have you ever been convicted of a felony?

If you answered YES to any of the questions above, PLEASE GIVE DETAILS: (Use a separate sheet or provide any documentation, if necessary)

I, hereby certify under oath that all statements I have made herein are true.

(Applicant's PRINTED Name and License #)

(Applicant's Signature)

(Date Signed)

***Important: Please return this completed questionnaire to headquarters along with your 2018-2019 license renewal form and fee. Failure to submit a completed Disclaimer Form will result in delay of your license renewal. NCBPE requires a signed disclaimer form each year.**