



THE BOARD OF PODIATRY EXAMINERS

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 (919) 861-5583 FAX (919) 787-4916

www.ncbpe.org
 email: info@ncbpe.org

INSTRUCTIONS: Complete portion "To be completed by Applicant" and send the entire form to the other state(s) or territory(ies) where you have or had a license. Do NOT send directly to the NC Board of Podiatry Examiners. The other state(s) or territory(ies) should send the form back to North Carolina once the "To be completed by State Board" portion is completed and state seal affixed.

PODIATRY VERIFICATION OF LICENSE						
I am applying for a license to practice podiatry in the State of North Carolina. The Board of Podiatry Examiners of the State of North Carolina requires that this form be completed by each state in which I hold or have held licenses, whether now current or not. Please complete the form and return it <i>directly</i> to the NC Board of Podiatry Examiners at the above address.						
TO BE COMPLETED BY APPLICANT						
Name	Last	First	Middle	Suffix (Jr., II)		
Current Address - Number & Street		License Number				
City	State	Zip	Date of Birth	Month/Day/Year		
I hereby authorize the licensing agency of the State of _____ to furnish the Information below to the North Carolina Board of Podiatry Examiners.						
Signature of Applicant		Date				
TO BE COMPLETED BY STATE BOARD						
State						
Name of Licensee	Last	First	Middle	Suffix (Jr., II)		
License Number		Issue Date Month/Date/Year	License current? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain:			
			Yes	No		
Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>		
Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>		
Has the applicant ever been warned, censured, or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state?			<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes, please attach complete details.</i>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: middle;"> AFFIX BOARD SEAL NOT VALID WITHOUT SEAL </td> <td style="padding-left: 20px;"> Signature _____ Title _____ Date _____ </td> </tr> </table>					AFFIX BOARD SEAL NOT VALID WITHOUT SEAL	Signature _____ Title _____ Date _____
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