

Application for Renewal of License
Arkansas Board of Podiatric Medicine

Name: _____ License #: _____ NPI #: _____

Today's Date: _____

Practice Address: _____

Check here if currently not practicing

Office phone: _____

Email: _____

Cell phone: _____

Address to send renewal if different than practice address:

The State of Arkansas requires The Board to report the following information:

Place of birth: _____

Date of birth: _____

Ethnicity: Hispanic/Non-Hispanic

Gender: _____

Race: _____

City of your practice: _____

County of your practice: _____

Podiatric Medical school attended: _____

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The following information is mandatory. Any YES answers since the last renewal requires a NOTARIZED, DETAILED STATEMENT.

Since your last license renewal.....

	yes	no
1. Have you been the subject of disciplinary action by a governmental or licensing authority, federal, state, or local ?	_____	_____
2. Have you been charged with or convicted of a felony or Misdemeanor, federal, state, or local ?	_____	_____
3. Are you presently using any drug, or chemical substance including alcohol which has an adverse impact on your ability to practice your profession ?	_____	_____
4. Do you have a mental disorder which has an adverse impact on your ability to practice your profession ?	_____	_____
5. Have you been reported to the National Practitioner Data Bank (NPDB) ?	_____	_____
6. Have you voluntarily surrendered any medical license or Narcotic permit (state or federal) ?	_____	_____
7. Have you been denied privileges, lost privileges, or received discipline by any hospital or other professional medical organization ?	_____	_____
8. Has a malpractice claim been filed against you ?	_____	_____

Signature: _____

Date: _____

Continuing Education Requirements

Twenty (20) hours of continuing education shall be required for the renewal of an individual license. These must be obtained in the twelve month period immediately preceding the year for which the license is to be issued. The hours approved must be from any of the following sources:

(A) The hour has been approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association;

(B) The hour was obtained when attending official meetings presented by any State Podiatric Medical Association;

(C) The hour was obtained from meetings approved by the Council on Medical Education of the American Medical Association or approved by the Council on Osteopathic Medical Education of the American Osteopathic Association as long as the hours pertain to the practice of Podiatric Medicine;

(D) The hour was obtained from hospital lectures, as long as the hour pertains to the practice of Podiatric Medicine.

The Board will accept any "approved" hours, as that term is defined in paragraph 2 above, regardless of whether those hours are from meetings, the internet, or periodicals.

In addition to the methods of approval for continuing medical education hours provided in paragraph 2 of this Rule, the Board may consider prior approval of meetings. Such prior approval shall be obtained from the Secretary of the Board or, if the Secretary is unavailable to consider hours for approval, a designee of the Board appointed by the President of the Board.

The Board may audit CME's. Please retain for your records proof of your CME's

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Continuing Education Documentation

Title: _____ date: _____

Location: _____ #hours: _____

Title: _____ date: _____

Location: _____ #hours: _____

Title: _____ date: _____

Location: _____ #hours: _____

Title: _____ date: _____

Location: _____ #hours: _____

Title: _____ date: _____

Location: _____ #hours: _____

Total # of hours: _____

I, the undersigned, have to the best of my knowledge, complied with the laws and rules regulating The Arkansas Board of Podiatric Medicine. I hereby state the information contained in this renewal is true and correct. I understand this form is public information.

Signature: _____

Date: _____

* A renewal fee of **\$75** is required with this renewal. Payment may be made in the form of a business check, personal check, cashier's check, money order, or bank draft.

Please return the completed application and renewal fee to:

The Arkansas Board of Podiatric Medicine
4815 West Markham St Slot#1
Little Rock, Arkansas 72205-3867