



# Board of Podiatric Medicine

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www.podiatricmedicine.state.mn.us

## APPLICATION FOR BIENNIAL RENEWAL TO PRACTICE PODIATRIC MEDICINE For the Period of July 1, 2016 to June 30, 2018

### Due May 31, 2016

Print name and contact information here.

Daytime Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

MN Business ID No. (if applicable) \_\_\_\_\_

The MN Board of Podiatric Medicine is seeking data from you which may be considered private or confidential under the MN Government Data Practices Act, Minn. Stat. §13.01 et seq. Minn. Stat. §13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for renewal of your license as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to provide this information, but failure to do so may result in the denial of this renewal application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your renewal application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

**Conduct and Ability to Practice: If you are currently participating in the Health Professionals Services Program (HPSP) for a condition covered by question #7 or #8, you may leave the question unanswered as to that condition. Also, if your responses to any of these questions should change before July 1, 2016, you are required to make the Board aware of the new information. If you answer 'Yes' to any of the Questions, please provide additional information in the response box that will be provided.**

1.  Yes  No Since your last application to the Board of Podiatric Medicine (Board), have you been convicted or charged with a felony, gross misdemeanor or misdemeanor or, to your knowledge, are you under investigation by any federal, state or local law enforcement authority?
2.  Yes  No Since your last Board application have you been a party to a malpractice settlement or award pertaining to the practice of podiatric medicine or are you currently litigating any malpractice insurance claims?
3.  Yes  No Has your DEA certificate (if held) been restricted, limited or conditioned or have you surrendered a DEA certificate since your last application?
4.  Yes  No Have you been denied or lost privileges to practice or treat patients in a health care

facility or have you resigned prior to the conclusion of any investigation or disciplinary proceeding since your last Board application?

5.  Yes  No Have you ever been adjudicated by a court as mentally incompetent, a person dangerous to the public, a sexually dangerous person, or a person who has sexual psychopathic personality?
6.  Yes  No Have you had a lapse of continuous practice of Podiatric Medicine of greater than two years since your last application?
7.  Yes  No  Unanswered Since your last application to the Board, have you been advised by a treating professional that you have a mental, physical, or emotional condition which, if untreated, would be likely to impair your ability to practice as a doctor of podiatric medicine with reasonable effectiveness and safety? If yes, are you participating in a monitoring program? Also, are the limitations caused by this condition reduced because you restrict your practice in some way, or because you are receiving ongoing treatment (with or without medications)?
8.  Yes  No  Unanswered Has your ability to practice podiatric medicine with reasonable skill and safety been in any way impaired or limited by your use of alcohol or chemical substances, including prescription medication, or has anyone expressed concern about your use of alcohol or chemical substances, including prescription medications since your last application? Also, if you responded in the affirmative to this question, describe any steps you have taken to discontinue or reduce such use and describe any supervised rehabilitation, assistance, or monitoring program in which you have participated or are now participating. If yes, please describe.

**RECORD OF CONTINUING EDUCATION**

To renew your license you must have completed 40 hours of continuing medical education (CME) with a maximum of 8 hours obtained through participation in online courses. CME must be approved by the Council on Podiatric Medical Education (CPME) or MN Board of Podiatric Medicine for the period beginning July 1, 2014 and ending June 30, 2016. Include for each course a copy of the completion certificate clearly stating approval by the CPME or MN Board of Podiatric Medicine. The certificate of attendance is required to state the name and address of the sponsor, course title and dates of the program, number of continuing education clock hours granted, name of the attendee, and signature of the sponsor or designee.

Program/Course Title	Sponsoring Agency	Dates Month/Days/Year	Number of Hours

**Total Credit Hours** \_\_\_\_\_

## Business Address

Effective August 1, 2012, Minnesota Statute § 214.073 requires licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public and you are required to submit it for application purposes. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice.

Facility name:

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Street address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify that I am not currently in the workforce related to my practice, and I do not have a business address related to my practice at this time.

**By May 31, 2016, complete the following:**

- **Renewal application (Online or paper application), including the last four digits of your social security number and questions related to conduct and ability to practice podiatric medicine.**
- **Copies of your CPME or Board approved CME completion certificates forwarded to the Board office, with only 8 of the required 40 CME being obtained through online courses,**
- **Return with this form or submit online the \$600.00 fee, unless this is your first license renewal. If this is your first renewal and you have held your license for less than two years, it cannot be completed online.**

**Make your check payable to the MN Board of Podiatric Medicine. ANY APPLICATION FOR BIENNIAL RENEWAL POSTMARKED AFTER JUNE 30, 2016, MUST INCLUDE THE \$100 LATE FEE.**

*I certify that all information provided on both sides of this application is true and correct. I understand that providing false information may result in suspension or revocation of my license to practice podiatric medicine.*

**Signature:**

**Date:**

**For Office Use Only:**

5661 \$600 fee rec'd	Deposit number	Responses 1-8
CME certificates rec'd	SBLM updated	Certificate sent
Business Address		