APPLICATION FOR ANNUAL LICENSE RENEWAL
KENTUCKY STATE BOARD OF PODIATRY

Important Notice:
Completion of this application form is necessary for consideration for license renewal under KRS 311.450 of the Kentucky Revised Statutes. ***All licensees have an obligation to update and supplement the information and responses on file with the Board office if they change.*** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action.

Carefully follow the directions on this application form. In addition, note the following:
1. Print legibly with black or blue ink only.
2. The renewal fee, or any part thereof, is **NOT** refundable.

Supporting Documentation and Fees:
If you are applying for license renewal as an **actively** practicing Kentucky Licensed Podiatrist you **MUST** submit the following documents and fees:

- **ACTIVE LICENSE**
  - *$150 Renewal Fee (Made payable to Kentucky Board of Podiatry)*
  - *Completed License Renewal Application (4 pages)*

If you are applying for an **INACTIVE** status license renewal, no fee is required.

- **INACTIVE LICENSE**
  - *Completed License Renewal Application (4 pages)*

Your application is **NOT** considered complete until **ALL** supporting documents and fees have been received by the Kentucky Board of Podiatry. **INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED TO THE LICENSEE.**

NO RENEWAL WILL BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED

THERE WILL BE A $100 LATE FEE ASSESSED TO ANY LICENSE NOT RENEWED PRIOR TO JUNE 30.

ABSOLUTELY NO EXCEPTIONS!

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the Kentucky Board of Podiatry, in writing, of any address changes after you file this application in order to receive any further information.

1. Last Name	2. First Name	3. MI	4. Suffix (Jr., III, etc)

5. Business Mailing Address including zip code (If PO Box, Must provide street address as well)

6. Home Mailing Address including zip code

7. Identify Preferred mailing address for Official Board Use. ❑ **Business** ❑ **Home**

Note: The preferred mailing address shall be available to the public.

8. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.

9. County of Primary Practice:	10. Date of Birth MM/DD/YYYY	11. ❑ Male ❑ Female

12. Contact Information

(a) Office Numbers:

Phone:

Fax:

(b) Personal numbers:

Home:

Cell:

(c) E-mail address:

13. Social Security Number:

14. Name of primary Podiatry office at which you practice (If you practice at various locations, please attach a separate sheet with name(s), addresse(s), phone number(s) and countie(s) of additional office(s):

15. NPI # (National Provider Identifier)

16. UPIN #

17. DEA #

PART IV. Personal History Information

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. *All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.* The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

You are only required to provide affidavits on any NEW information that was not reported to the Board in your last renewal application.

1. Since your last application for renewal, have you had any application for a podiatry license refused or denied by any licensing authority?	**YES ❑ NO ❑**
2. Since your last application for renewal, have you been refused or denied the privilege of taking an examination required for a podiatry license?	**YES ❑ NO ❑**
3. Since your last application for renewal, have you voluntarily surrendered your podiatry license?	**YES ❑ NO ❑**
4. Since your last application for renewal, have you allowed your podiatry license to lapse, or had a limited license issued by any podiatry licensing authority?	**YES ❑ NO ❑**
5. Since your last application for renewal, have you had any podiatry license revoked?	**YES ❑ NO ❑**
6. Since your last application for renewal, have you been the subject of disciplinary action with regard to your podiatry license or been sanctioned by any podiatry licensing authority other than Kentucky?	**YES ❑ NO ❑**
7. Have your podiatry privileges ever been restricted or terminated by any podiatry licensing authority other than Kentucky?	**YES ❑ NO ❑**
8. To your knowledge have any unresolved or pending complaints ever been filed against you with any podiatry licensing agency other than Kentucky?	**YES ❑ NO ❑**
9. Is there any disciplinary action pending against you by any licensing jurisdiction other than Kentucky? If YES, where and when?	**YES ❑ NO ❑**
10. Since your last application for renewal, have you had been convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	**YES ❑ NO ❑**
11. Have you ever been pardoned from a felony (or criminal) conviction?	**YES ❑ NO ❑**
12. Since your last application for renewal, have you Since your last application for renewal, have you had been convicted (including a nolo contendere plea or guilty plea) of any violation of any local, state or federal law, whether or not sentence was imposed or suspended? (Excluding minor traffic violations)	**YES ❑ NO ❑**
13. Since your last application for renewal, have you had been convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	**YES ❑ NO ❑**
14. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of podiatry?	**YES ❑ NO ❑**
15. Have you been named as a defendant to a civil suit related to your profession (i.e. malpractice), in the last five (5) years, NOT PREVIOUSLY REPORTED TO THE BOARD? If YES, you must provide the name of the action (Doe v. Smith, DPM) which provides the name of the Court in which the case was filed, along with a copy of the Complaint and the Final Judgment or Settlement Agreement, if any.	**YES ❑ NO ❑**
16. Have you ever been court-martialed or discharged other than honorably from the armed service?	**YES ❑ NO ❑**

17. Are you now, or have you ever, been in arrears with the Kentucky Higher Education Assistance Authority? If yes, please provide documentation that this matter has been resolved.	**YES ❑ NO ❑**

PART V. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. *I further certify that I have completed a total of at least 20 hours of continuing education, including a minimum of 15 hours of Category A and a maximum of 5 hours of Category B (all 20 hours can be Category A; however ONLY 5 hours can be Category B),* ***INCLUDING 1.5 hours on KASPER, pain management, or addiction disorders****.* I hereby authorize The Kentucky Board of Podiatry to verify any and all information contained in this application."

_____
Signature of Applicant (Do not print)

_____
Printed Name of Applicant

_____
Date

PLEASE RETURN ALL PAGES OF APPLICATION, INCLUDING COVER PAGE

PLEASE SEND YOUR COMPLETED APPLICATION AND $150 FEE (made payable to the Kentucky Board of Podiatry) TO:

KENTUCKY BOARD OF PODIATRY
P.O. BOX 174
GLASGOW, KY 42142-0174

The Late Fee is $100 for any License Renewed after June 30!
NO EXCEPTIONS