

**North Dakota Board of Podiatric Medicine
2012 License Renewal Declaration**

Name: _____ License Number: _____

Primary Office Address: _____

Secondary Office Address: _____

E-mail address: _____

Home Phone: _____ Office Phone: _____

I certify that I have attended _____ clock hours of continuing education during the present calendar year (2011) and that these hours meet the requirements of the North Dakota Board of Podiatric Medicine. Sixty (60) hours of continuing education are required within the immediate past three (3) years and documentation of hours must be included with this declaration.

*(Note: The eight (8) hour restriction for CME independent study has been removed.)

I also certify the following:

- I have not been the subject of any disciplinary action; have no such action pending before any other board in any other state;
- I have not voluntarily or involuntarily had a license to practice podiatry revoked, suspended or limited in any other state;
- I have not been convicted of any felony since my last application (or declaration); and
- I have not been disciplined or sanctioned by a hospital, clinic organization or any health insurance carrier.

As to each and every one of the foregoing items for which I cannot certify, I am enclosing a letter of explanation. **I will also enclose any reports filed against me by malpractice insurers or other governing agencies in which disciplinary action has been taken.**

I have enclosed my license renewal fee of \$500.00.

I declare that I am the person referred to above and I am that person referred to in any documents furnished by me to the North Dakota Board of Podiatric Medicine.

Signed: _____ Date: _____

RETURN TO: North Dakota Board of Podiatric Medicine
JoDee S. Wiedmeier, CP
Executive Secretary
4309 Kodiak Place
Bismarck, ND 58503