

## North Dakota Board of Podiatric Medicine 2025 License Renewal Declaration

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Primary Office Address: \_\_\_\_\_

(Include Secondary Office \_\_\_\_\_

Address, if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

☐ Communication may be sent from the Board via email unless indicated here that you prefer NOT to be contacted via email.

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I certify that I have attended \_\_\_\_\_ clock hours of continuing medical education (CME) during the **2024 calendar year** 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 (or previously supplied to the board office).\*

**I also certify the following:**

- *I am a participating member of the ND Prescription Drug Monitoring Program;*
- *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 \$750.00.

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: \_\_\_\_\_

**SUBMIT TO:** North Dakota Board of Podiatric Medicine  
Shantel R. Dewald  
Executive Director  
473 Laredo Drive  
Bismarck, ND 58504  
E-mail: dpm@ndpodiatryboard.org

\*If licensed in North Dakota less than three (3) years, documentation for twenty (20) credit hours per calendar year is required. The requirements for CME are waived for the first calendar year of full licensure.