

# ARKANSAS BOARD OF PODIATRIC MEDICINE

## APPLICATION FOR RENEWAL OF LICENSE

*Must be filled out completely or your application will be considered incomplete.*

*Enter "N/A" if not applicable.*

Legal Name: \_\_\_\_\_ License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Today's Date: \_\_\_\_\_ ☐ Check here if currently not practicing

Practice Address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Address to send renewal if different than practice address:

\_\_\_\_\_

**The Board is required to collect the following demographic information per Arkansas State Law.**

*(Act 670 of 1995; Act 1489 of 2009; Act 970 of 2017)*

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: ☐ Hispanic / ☐ Non-Hispanic

Gender: ☐ Male ☐ Female

City & State of your practice: \_\_\_\_\_

County of your practice: \_\_\_\_\_

Podiatric Medical school attended: \_\_\_\_\_

**The following information is mandatory. Any YES answers since the last renewal require a 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 or state)?
2. Have you been convicted of a felony or Misdemeanor (federal or state)?
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 (federal or state)?

## Continuing Medical Education - Documentation Requirements

1. As part of the application for annual license renewal, licensees must submit to the Board proof that they completed **twenty hours** of approved continuing medical education within the year prior to the license renewal date.
2. A continuing medical education hour shall be considered "approved" if:
  - (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 and
  - (D) The hour was obtained from hospital lectures, as long as the hour pertains to the practice of Podiatric Medicine.
3. The Board will accept any "approved" hours, as that term is defined in Article VIII., section 2 above, regardless of whether those hours are from meetings, the internet, or periodicals.
4. In addition to the methods of approval for continuing medical education hours provided in Article VIII., section 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.

**Total # of continuing medical education hours:** \_\_\_\_\_

## Reinstatement

An applicant who can demonstrate that he meets the following criteria may have his license reinstated upon payment of the application fee:

- (A) Was previously licensed as a podiatrist at any time in this state;
- (B) Held his or her license in good standing at the time of licensing;
- (C) Did not have his or her license revoked for:
  - (i) An act of bad faith; or
  - (ii) A violation of law, rule, or ethics;
- (D) Is not holding a suspended or probationary license in any state; and
- (E) Furnish evidence of completion of the number of hours of acceptable continuing medical education computed by multiplying twenty (20) times the number of years the licensee has held an inactive or invalid license, not to exceed 100 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 check or money order.

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