



2017 Podiatrist License Renewal checklist

- Completed three-page License renewal form
- Copy of current CPR certification
- Check or Money Order for \$400 made payable to the Nevada State Board of Podiatry
- Postmarked no later than 10/31/17



NEVADA STATE BOARD OF PODIATRY

1325 Airmotive Way, Ste. 175-I * Reno, NV 89502
*Phone (775) 789-2605 * Email nvpodiatry@bop.nv.gov

PODIATRIST LICENSE RENEWAL

November 1, 2017 to October 31, 2018

If postmarked on or before October 31, 2017 **RENEWAL FEE \$400**
If postmarked **after** October 31, 2017 (Late Fee \$200) **RENEWAL FEE \$600**
Checks made payable to the Nevada State Board of Podiatry

CONTACT INFORMATION

Name _____

License Number _____

Mailing Address

Office Address

In Care Of _____

In Care of / Business Name _____

Street or P.O. Box _____

Street or P.O. Box _____

City / State/ Zip _____

City / State/ Zip _____

Telephone / Cell _____

Telephone / Cell _____

Email _____

Please indicate your preferred contact address:
_____Mailing _____Office

PRACTICE INFORMATION

Are you Board Certified? _____YES _____NO

Certification Date:_____ Expiration Date:_____

List Boards:_____

List all clinics or locations you are presently practicing Podiatry under:

FOR OFFICE USE ONLY

Received _____ Amount _____ Check # _____

CHILD SUPPORT DISCLOSURE

NRS 635.056 mandates that we request information pertaining to child support on every renewal form.

Failure to mark ONE of the three statements will result in denial of your renewal.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order.
- I am more than 30 days delinquent in complying with a court order for the support of one or more children and am **not** in compliance with the order.

BUSINESS LICENSE DISCLOSURE

NRS 622.240 mandates that we request information pertaining to business license information on every renewal form.

Failure to mark ONE of the three statements will result in denial of your renewal.

- I have a Nevada business license number assigned by the Nevada Secretary of State.
My Nevada business license number is _____
(Note: This is an eleven digit number that begins with NV (For example: NV19341234567))
- I have applied for a business license with the Nevada Secretary of State and my application is pending.
- I do NOT have a Nevada business license number.

SELF REPORTING INFORMATION

Please read and answer each of the following questions carefully. For each **YES** answer, attach a separate sheet with a thorough explanation and include appropriate documentation such as related complaints, pleadings, judgments, orders and settlement agreements.

Please check a Yes or No response for each question. **Since your last renewal:**

	YES	NO
Have you been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure?		
Have you had a professional license of any type restricted, suspended, revoked, made probationary or not renewed?		
Have you been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards?		
Have you been denied a license or the right to take an examination for licensing by any state, province or country?		
Have you had any registration, certification, license or privilege to practice podiatric medicine and/or surgery denied, suspended, revoked or restricted by any state, federal or foreign authority?		
Have you voluntarily given up any practice privileges, restriction, certification or license to practice podiatric medicine and surgery, or have you agreed to restrict your practice of podiatric medicine and/or surgery in lieu of or to avoid formal action?		
Have you had any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability?		
Have you been convicted of, or pled guilty or nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances?		
Have you been convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including any foreign country which is in a foreign jurisdiction equivalent to a misdemeanor, gross misdemeanor, or felony, excluding any violations of traffic laws?		
Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety?		

SAFE INJECTION PRACTICES	YES	NO
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Can you attest to knowledge of and compliance with the guidelines of the Centers for disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices?		
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CPR CERTIFICATION	YES	NO
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NRS 635.115 Mandates that you provide proof of current CPR Certification attached to this renewal form		
Are you currently certified in the techniques of administering cardiopulmonary resuscitation?		

SIGNATURE & AFFIDAVIT

I hereby certify under penalty of perjury, that I have read this renewal form and know the contents thereof; that all the statements and information contained herein, including all supporting documents, are true, accurate and correct in every respect, to the best of my knowledge and belief; and that I have not suppressed any information that might affect my renewal, with full knowledge that the information submitted in this renewal form may be grounds for disciplinary action against my license.
Signature_____ Date_____