

**CONTINUING COMPETENCE
 CERTIFICATION
 (RENEWAL FORM)**

FOR BPM USE ONLY

Fee paid: _____	Receipt #: _____
Date Cashiered: _____	Cashier's Initials: _____
Date Approved: _____	Date Denial: _____
Approved Initial: _____	

To ensure timely renewal, please submit your fee and renewal form at least **six (6) weeks prior** to your expiration date. California does not allow a "grace period" for renewal of your podiatric medical license. Once expired, your license is invalid and practice is **illegal**. Failure to complete all sections will result in a delay of your license renewal.

Pursuant to Business and Professions Code section 494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

If your license status is **Inactive, Retired, Disabled, or Military**, you must still complete and submit the renewal form along with any applicable fees if you wish to renew your license.

License verification information is available online at www.breeze.ca.gov .

Do you declare under penalty of perjury that you have completed at least 50 hours of approved CME during your last license period AND one of the following continuing competence pathways below?

- (1) passage of an exam administered by the board (past 10 years)
- (2) passage of an exam administered by an approved specialty board (past 10 years)
- (3) recertification by an approved specialty board (past 10 years)
- (4) current diplomate, eligible, or qualified status granted by an approved specialty board (past 10 years)
- (5) completion of an approved residency/fellowship (past 5 years)
- (6) Granting/renewing of privileges by a health care facility approved by a federal or state agency (past 10 years)
- (7) passage of Part III (PMLexis) administered by the National Board of Podiatric Medical Examiners (past 10 years)
- CME **approved** waiver (Retired/Disabled license status only)

Please complete this section if your address of record/ mailing address has changed. The address of record is public information and will be displayed on the Board of Podiatric Medicine's website.

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

“Conviction” includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4, 1203.4a, or 1203.41 of the Penal Code, including infractions, misdemeanors, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to Sections 1000 or 1203.4, 1203.4a, or 1203.41 of the Penal Code.

“License” includes permits, registrations, and certificates. “Discipline” includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

TO BE COMPLETED BY LICENSEE:

Are you currently serving, or have you previously served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.

Name (Please print) _____ License Number _____

Signature _____ Date _____

Signature and date are required to process this request.

- \$12 mandatory renewal fee* – Retired, Disabled or Military license status only
- \$912 renewal fee – postmarked within 30 days after license expiration date
- \$1062 renewal fee – postmarked 31-90 days after license expiration date
- \$1512 renewal fee – postmarked 91+ days after license expiration date

**Pursuant to Business and Professions Code Section 208 (SB – DeSaulnier, Chapter 400, Statutes of 2013, all licensees are assessed \$6 ANNUALLY, which is the collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). Licensees exempt from the \$900 renewal fee will be assessed \$12 per renewal cycle.*

Any physician who submits an application for a CME/CC waiver which is denied by the Board will become ineligible to renew his or her license to practice medicine until such time that the required fees are remitted and satisfactory evidence of completion of the renewal requirements is provided.

All items in this application are mandatory; none are voluntary. This information is requested by the Licensing Program of the California Board of Podiatric Medicine. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of the Continuing Medical Education or Continuing Competence requirements pursuant to Section 1339.678 of Title 16, California Code of Regulations. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act contacting the custodian of records at 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815.

This form must be mailed to the board at 2005 Evergreen St., Ste. 1300, Sacramento, CA 95815