



**APPLICATION FOR EXEMPTION OF  
RENEWAL FEE FOR DISABLED  
DOCTORS OF PODIATRIC MEDICINE**

**NO PRACTICE PERMITTED**

**FOR BPM USE ONLY**

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

Section 2499.8 of the Business and Professions Code provides exemption from payment of the renewal fee if a licensee demonstrates to the satisfaction of the board that he or she is unable to practice podiatric medicine due to a disability. The granting of a waiver shall be at the discretion of the board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice podiatric medicine.

If you meet the requirements and would like to apply for an exemption from payment of the renewal fee based on a disability, complete the application and mail to the address below.

If you are renewing at the same time as you apply for retired status, you must submit a check or money order for the \$12 mandatory fee for the Controlled Substance Utilization Review and Evaluation System\* (CURES ) with this application, made payable to: Board of Podiatric Medicine.

***Please print or type. Illegible applications will be returned.***

**LICENSEE INFORMATION:**

LICENSE NUMBER:	E-MAIL/PHONE NUMBER:
DATE OF BIRTH:	EXPIRATION DATE:

NAME:

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
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*\*Pursuant to Business and Professions Code Section 208 (SB – DeSaulnier, Chapter 400, Statutes of 2013, all licensees are assessed \$6 ANNUALLY, which is 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.*

Please note that the holder of a disabled status license **may not engage in the practice of podiatric medicine.**

**TO BE COMPLETED BY YOUR ATTENDING PHYSICIAN:**

Description of disability and explanation as to how the disability prevents the applicant from practicing podiatric medicine safely.

Approximate date disability began: \_\_\_\_\_ The disability is:     Temporary     Permanent

If "Temporary," approximate date applicant will be able to return to practicing podiatric medicine: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Attending Physician's License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

STREET ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION, INCLUDING ANY SUPPORTING DOCUMENTS, IS TRUE AND CORRECT AND THAT I AM LICENSED TO PRACTICE IN THE UNITED STATES OF AMERICA.**

Attending Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Signature and date are required to process this request.**

**FOR BOARD OF PODIATRIC MEDICINE USE ONLY:**

**Applicant's License Verification:**

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

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Enforcement Date (if applicable): \_\_\_\_\_

**Attending Physician's License Verification:**

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

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Enforcement Date (if applicable): \_\_\_\_\_

***Important Information***

When a licensee desires to return to practicing podiatric medicine, the licensee and attending physician will be required to complete an application to have the licensee removed from disabled status and returned to "active" license status. **It must be established by the to the satisfaction of the Board on a form prescribed by the Board and signed under penalty of perjury that the licensee's disability either no longer exists or does not affect the licensee's ability to practice medicine safely, or the licensee may agree to limit his/her practice in the manner prescribed by the reviewing physician.** At the time of application, the licensee must also submit payment of the current (active license) renewal fee and provide proof of 50 hours of CME during the next renewal period.

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 Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for a infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4

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

**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.**

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.

Following approval of this request, a Doctor of Podiatric Medicine will continue to receive biennial renewal notices. Please complete and return these renewal notices to maintain a retired status license.

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 2439 of Business and Professions Code which authorizes the collection of this information. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act. The Executive Officer of the Board of Podiatric Medicine is the custodian of records.

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