



South Carolina Board of Podiatry Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11289 • Columbia • SC 29211-1289

Phone: 803-896-4500 • contactllr@llr.sc.gov • Fax: 803-896-4515

www.llr.sc.gov/POL/Podiatry/



2017-2019 Podiatry Biennial Renewal Application

Name: _____ License #: _____

- 1. Please complete all questions, sign and date the application. **Incomplete applications will be returned.**
2. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
3. All fees are non-refundable.
4. If you do not wish to renew your license and would like to place it on INACTIVE status, please

Sign: _____ Date: _____ and return to Board.

- 5. **Mail completed application with \$200.00 renewal fee to LLR-Board of Podiatry Examiners**, P.O. Box 11289, Columbia, SC 29211; Telephone number (803) 896-4500. Applications must be postmarked by the Post Office on or before December 31, 2017.

Biennial Fee Schedule – Make check payable to LLR-Board of Podiatry

- \$200.00 Postmarked on or before 12/31/2017 \$100.00 late fee for January 2018 through March 2018 (Must reinstate after March 2018.)

Activity Status (check only one). Previously Reported

- Currently practicing profession Not currently practicing profession Retired

Home Address

Primary Place of Practice Address

Mailing Address

Ph#: _____ Ph#: _____ Ph#: _____

Email: _____ Email: _____ Email: _____

- Please check this box if you are willing for your name to be added to a list of volunteer Podiatrists who may be called upon in the event of natural disaster (i.e. hurricane).

Select your home congressional district:
Table with 3 main columns: Lower District, Upper District, Central District. Lists counties like Bamberg, Berkeley, Colleton, etc.

Answer “Yes” or “No” to each of the following questions. If your answer is “Yes” to questions 2-9 below, you must attach a full written explanation.

1. Since your last renewal, has any order or other disciplinary action been rendered against you by any Podiatry Board (other than SC) or have you been denied licensure by any other Podiatry Board? Yes No
2. Since your last renewal, have any hospital privileges or other privileges of any kind been revoked, suspended, restricted, denied or voluntarily surrendered or relinquished? **(Include the relinquishment of privileges while under investigation or pending action for any reason. Do not include the relinquishment of privileges as a result of a personal decision.)** Yes No
3. Since your last renewal, has your ability to practice podiatry been impaired by any physical, emotional or mental illness, whether temporary or permanent? Yes No
4. Since your last renewal, have you been treated for any physical, mental, or emotional conditions that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
5. Since your last renewal, have you developed any disease or conditions, physical, mental or emotional (i.e. bipolar disease, schizophrenia, paranoia or any other psychotic disorder) that might interfere with your ability to competently and safely perform the essential functions of practice? **(If you have voluntarily enrolled in Recovering Professionals Program (RPP) and have remained in full compliance, you may answer “No”).** Yes No
6. Since your last renewal, have you voluntarily restricted or curtailed your practice other than for retirement, family leave or vacation? Yes No
7. Since your last renewal, have you been convicted or pled guilty or pled *nolo contendere* for violation of any federal, state or local law (other than minor traffic violations)? Yes No
8. Since your last renewal, have you been out of practice for a continuous period of sixty days or more other than retirement, family leave or vacation? Yes No
9. Since your last renewal, have you completed 24 hours of approved continuing education? * Yes No
10. Has there been any change in the status of your lawful presence in the United States since initial licensure? **If yes, attach supporting documentation.** Yes No

**NEW CONTINUING EDUCATION REQUIREMENT FOR PODIATRISTS: If a podiatrist is authorized pursuant to state and federal law to prescribe controlled substances, two of the requisite biennial hours of continuing education must be related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250. If the renewal fee is not accompanied with the appropriate continuing education documentation, the license may not be renewed and is considered late and subject to the penalties promulgated by the board in regulation.*

Do not submit CME documentation with this renewal application. A random audit may be conducted at the end of the renewal period.

I have carefully read all questions on this renewal application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

Signature: _____

Date: _____

Disclaimer: “South Carolina Law requires the agency collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services. In order to better protect the information you provide, please provide the Department with the following information that may be released to the public upon request: a public mailing address, a public email address and a public telephone number.”