## **SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS**

810 North Main Street • Suite 298 • Spearfish, SD 57783 (605) 642-1600

## RELICENSURE APPLICATION

\*\*\*Please note: Renewal Fee is \$350\*\*\*

Please Print or Type	гог воа	ra use UNL 1	
Today's Date	Date:	_Ck #:	
Last Name	Child Support Checked:	□ ok	<b>1</b> иот ок
First Name	Corporation Renewal:		
Lic#:	Corporation Renewal: Please complete Corporation Renewal and mail with your		
Social Security #		relicensure a	application.
(Social Security Number's use is intended for purposes of identification related	to licensure issues, discipline an	d other board rela	ted issues)
I am not renewing If not renewing, please comp No additional notices will be sent to you.	plete the top portion and re	eturn this form t	to the board office.
Optional Fields: Date of Birth:	Gender: M	_ F	_
I prefer all correspondence be addressed to my:	Home Bu	usiness	
Home Address:			
Home Address: P.O. Box or Street	City	State	Zip Code
Practice Name: I am employ	red: Full Time	_ Part Time _	
Practice Address:			
P.O. Box or Street	City	State	Zip Code
Employing Facility:			
Employing Address:			
P.O. Box or Street	City	State	Zip Code
Home Telephone ()	Work Telephone (	)	
<ul><li>Since the date of issuance or renewal of your SD Podiatry</li><li>1.) Has this or any other state rejected your application or revolety states.</li><li>2.) Has any professional association rejected your application in the state of the state of</li></ul>	ked your professional lice	explanation.)	
you held? (If yes, attach explanation.)	·		Yes 🛭 No 🗖
3.) Have you been found guilty of unprofessional conduct by a or convicted by a state board of podiatry examiners of such (If yes, give full details	unprofessional conduct?	nal organizatio	n Yes ☐ No ☐
<b>4.)</b> Have you been convicted by a court of law for any offense in podiatrist? (If yes, attach explanation.)		actice as a	Yes ☐ No ☐
5.) Have you been convicted of a felony after being licensed in	the State of South Dakota	a?	Yes 🛭 No 🗖
6.) SDCL 25-7A-56 prohibits the issuance of renewal of any sta	ate regulated license if an	applicant owes	•
\$1,000 or more in past due child support. Do you owe \$1,0	_		Yes 🗖 No 🗖
I,	ole. I declare and affirm u	order payable t nder penalties	o the SD Board of of perjury that this
Signature		Date	
(over	r)		

## SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS CONTINUING EDUCATION REPORT FORM

20:55:01:08 Continuing education requirements:

Each licensee shall, prior to July 1, 2001, and every two years thereafter, provide written verification to the Board of Podiatry Examiners of the completion of 30 hours of continuing medical education. The program hours must be approved and certified by the Council of Podiatric Medical Education of the American Podiatric Medical Association. The necessary verification shall accompany each application for licensure renewal. If satisfactory verification is not received, the board shall deny the renewal application or take action to revoke or suspend the license of an individual not in compliance.

Up to 30 additional hours of satisfactory continuing medical education can be carried over for two years only.

It is your responsibility to retain in your records copies of any certificates you will be using for the applicable licensing period. You are responsible to provide the Board office verification of completion of the 30 hours of CEU's required by ARSD 20:55:01:08. The board office will not track the continuing education hours. If you have questions, please feel free to contact the Board office.
TITLE OR NAME OF PROGRAM
HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION
DATE (S) OF PROGRAM
TITLE OR NAME OF PROGRAM
HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION
DATE (S) OF PROGRAM
TITLE OR NAME OF PROGRAM
HOURS APPROVED BY COUNCIL OF PODIATRIC MEDICAL EDUCATION
DATE (S) OF PROGRAM
I attest and affirm under penalties of perjury that I have received 30 hours of continuing education as required
by ARSD 20:55:01:08 Signature