

**SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS**

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

**CERTIFICATE OF PODIATRIC CORPORATION RENEWAL APPLICATION**

**Please Print or Type** (Due with your renewal application)

Today's Date: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip Code

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

Please List all Licensed Podiatrists, Officers, Directors, and Shareholders:  
(A Podiatric license is required for all officers, directors and shareholders).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, (*please print*) hereby apply for annual podiatric corporation certificate renewal issued by the South Dakota Board of Podiatry Examiners. Enclosed is the \$10.00 renewal fee (*check or money order payable to the SD Board of Podiatry Examiners*). I understand that the fee is not refundable and the Certificate is not assignable. If the corporation changes locations, I will notify the board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Board Use ONLY:**  
Date: \_\_\_\_\_ Ck #: \_\_\_\_\_