

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

**FOR BPM USE ONLY**

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

Section 2440 of the Business and Professions Code provides an exemption from payment of the renewal fee\* for doctors of podiatric medicine if engaged in full-time training or active service in the Army, Navy, Air Force, or in the United States Public Health service (federal service only, not state or county service).

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

If you are renewing at the same time as you apply for military 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

*\*Pursuant to Business and Professions Code Section 208 (SB – DeSaulnier, Chapter 400, Statutes of 2013, 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.*

Although a doctor of podiatric medicine in military status may be exempt from payment of the renewal fee, there is **no** exemption from the continuing competence, continuing medical education or CURES fee requirements. A CC/CME waiver form is required if unable to meet the CC/CME requirements.

If your California DPM license is currently suspended, revoked, or otherwise restricted by the Board, a military license cannot be issued.

**Business and Professions Code section 2440**

(a) Every licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the Army, Navy, Air Force, or Marines, or in the United States Public Health Service.

(b) Every person exempted from the payment of the renewal fee by this section shall not engage in any private practice and shall become liable for payment of such fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of a renewal period is exempt from the payment of the renewal fee for that period.

(c) The time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Sections 2427 and 2428

(d) Nothing in this section shall exempt a person, exempt from renewal fees under this section, from meeting the requirements of Article 10 (commencing with Section 2190).

(Note: Subsection (d) refers to the continuing medical education requirements contained in Article 10 commencing with Section 2190.)

All applicants are reminded that a licensee who receives an exemption from payment of the renewal fee under section 2440 or section 2987.5 cannot engage in any private practice in the State of California. At the time of discharge, you will need to notify the Board in writing and request that your license be restored to "active" status.

**MILITARY SERVICE INFORMATION:**

<b>Branch of service:</b>	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army
	<input type="checkbox"/> Marines	<input type="checkbox"/> Navy
	<input type="checkbox"/> U.S. Public Health Service	
<b>Type of service:</b>	<input type="checkbox"/> Active Service/Full-Time Training	<input type="checkbox"/> Voluntary (Peace Corps or Vista)
<b>Dates of service:</b>	<b>From:</b>	<b>To:</b>
<b>Expected Date of Discharge:</b> <small>(Note: "Indefinite" or "N/A" is not acceptable)</small>		

**TO BE COMPLETED BY MILITARY SUPERIOR OFFICER/PUBLIC HEALTH SERVICE SUPERVISOR:**

Please indicate if the "Service Information" above is correct. If No, please correct.  Yes  No

NAME:

Title:	<input type="checkbox"/>	Military Superior Officer
	<input type="checkbox"/>	Public Health Service Supervisor

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

MILITARY OFFICER/PUBLIC HEALTH SUPERVISOR SIGNATURE DATE

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.**

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**