

**APPLICATION FOR EXEMPTION OF
 RENEWAL FEE FOR RETIRED
 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 2439* of the Business and Professions Code provide an exemption from payment of the renewal fee and continuing medical education requirements if the licensee is fully retired from practice.

If you meet the requirements and would like to apply for an exemption from payment of the renewal fee based on retirement, 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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I hereby request a waiver of renewal fee because of my retired status commencing on _____

**Pursuant to Business and Professions Code Section 208 (SB – DeSaulnier, Chapter 400, Statues of 2013, all licensees are assessed \$6 ANNUALLY, which is the 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 retired status license **may not engage in the practice of podiatric medicine.**

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