2016 Renewal of an Iowa Orthotist License

License Number	
Last Name, First Name	
Address	
City, State, Zip Code	
E-mail address	
Phone 1	
Phone 2	
*SSN	
***Privacy Act Notice**: Disclosure of your Social Security Number on this renewal application is **required** by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.	

Step Two - What is the renewal fee and when is it due?

The renewal fee is $400. Check or money order must be payable to the Iowa Board of Podiatry.

- You are responsible for submitting a completed, accurate renewal application and renewal fee before the license expiration date of June 30. The board office strongly suggests the application and fee be postmarked on or before June 1.
- Your renewal **must** include: (1) the completed renewal application (this form), and (2) the renewal fee.

When is the late fee due?

- To avoid the late fee, this completed application **must be** postmarked by the license expiration date of June 30.
- A $60 late fee plus the $400 renewal fee are required on all applications postmarked in the grace period. *"**Grace period**"* means the 30-day period following expiration of a license when the license is still considered to be active; July 1 through July 30. In order to renew a license during the grace period, a licensee is required to pay the $60.00 late fee.
- Renewal applications postmarked after the *"**Grace period**"* will not be processed. The license will automatically be placed on inactive status.

Inactive License

- A licensee who fails to renew the license by the end of the *"**Grace period**"* has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a podiatrist in Iowa until the license is reactivated.
- Reactivation must be completed and approved to regain active license status: http://idph.iowa.gov/Licensure/Iowa-Board-of-Podiatry/Licensure/Reactivation

Processing

- Allow four weeks to process the paper renewal. Once approved, a new wallet card will be sent to you.
- To receive a paper copy of the current Iowa Law and Administrative Rules include an additional $5.00. To view the current Iowa Law and Administrative Rules online, go to http://idph.iowa.gov/Licensure/Iowa-Board-of-Podiatry/Laws-and-Rules

Step Three - The following five questions **must** be answered.

If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. **SINCE 07/01/2014 HAVE YOU**:

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under $500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you?
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

Continue on side two

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Step Four – Mandatory Reporter Training Requirements. You **must** check the one statement below that applies to you.

- For a list of approved curricula go to: http://idph.iowa.gov/abuse-ed-review

Licensees, who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years. You will not be permitted to renew your license unless you meet one of the requirements listed below. Check the correct answer below:

	I do not examine, attend, counsel, or treat dependent adults or children in Iowa.
	I examine, attend, counsel or treat dependent adults and/or children in Iowa and have competed the required training within the last five years.
	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I was on active duty in the military during this biennium.
	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse due to a physical or mental disability or illness. My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board.

Step Five – Continuing Education. You **must** check the one statement below that applies to you.

- To review the continuing education rules, go to http://idph.iowa.gov/Licensure/Iowa-Board-of-Podiatry/Laws-and-Rules
- Continuing education requirements must be completed prior to renewing the license.
- If you are selected for the audit, you will be required to submit continuing education information as instructed. For auditing purposes, licensees must retain the information for two years after the biennium has ended.

	This is my first renewal after initial licensure, continuing education isn't required.
	I have **completed** the required 30 hours of continuing education, earned 07/01/2014 through 06/30/2016. **Note:** If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
	I have been granted an extension of time to fulfill the continuing education requirements **or** I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
	I am exempt from the continuing education requirements because I was on active military duty during all or part of this continuing education biennium; 07/01/2014 through 06/30/2016.

Step Six - Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature Date