

**TENNESSEE DEPARTMENT OF HEALTH  
BOARD OF PODIATRIC EXAMINERS  
PODIATRIC X-RAY OPERATOR  
RENEWAL APPLICATION**

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM  
Online renewal Now Available At [www.tennessee.gov/health](http://www.tennessee.gov/health)

**DO NOT SEPARATE ANY PART OF THIS FORM  
PLEASE ALLOW 10-14 BUSINESS DAYS FOR YOUR LICENSE TO BE RENEWED**

Lic./Cert. No:

Lic./Cert. Status:

Expiration Date:

File ID:

Address:

Birth Date:

Home Phone:

Email Address:

Work Phone:

**Name and/or Mailing Address Change**

Work Address:

**Work Address Change**

<b>STATE REGULATORY FEE</b>	\$	10.00
<b>RENEWAL</b>	\$	30.00
<b>LATE RENEWAL</b>	\$	20.00
<b>TOTAL</b>	\$	60.00

In making this application, I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education requirements set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

DCF 109 09112



PH-2915  
REV. 10/08

MAKE CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF HEALTH  
**DO NOT SEND CASH --- FULL FORM MUST BE RETURNED**

RDA-1786

**MAIL TO:**

TENNESSEE BOARD OF PODIATRIC EXAMINERS  
665 Mainstream Drive  
Nashville, TN 37243

Total Amount Due: \$ 60.00

## CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action. ....YES

My license has been disciplined in another state and I have not previously notified the Board in writing of that action. ....YES

My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable Individuals (Tennessee abuse registry).....YES

I am currently in poor physical and/or mental health. ....YES

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Emergency Fax: \_\_\_\_\_

### INSTRUCTIONS

**All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://health.state.tn.us/Boards/index.htm>. Please check this website periodically for updates.**

Read all instructions before completing this renewal application. You can also renew your license online at <https://www.tennesseeanytime.org/hlrs.begin.jsp> up to 120 days to your expiration date.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided. Name changes require a copy of the relevant official document (i.e. marriage certificate, divorce decree, etc.) be attached to this application. Some professions also require additional fee for name changes. Failure to submit the required document and additional fee, if requires, will result in the renewal certificate being issued in the previous name. names changes cannot be submitted online.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and date the application and return it to the Board office at the address on the front of the form. If you do not sign and date the application, it WILL be returned to you. DO NOT SEPARATE any part of this form. Failure to sign and date the application or separating the form will delay your renewal being processed and can result in your license falling into a failed to renew status.
4. Make you check or money order payable to the Department of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with appropriate fees at least fourteen (14) days before the expiration date.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. Address changes must be in writing or can be changed on line at <https://www.tennesseeanytime.org/hlrs.begin.jsp>

If you are not practicing in Tennessee and do not wish to renewal you license, it is suggested you retire your license rather than have it fall into failed to renew status. A retirement form may be obtained at our website at <http://health.state.tn.us/>; then click on forms and publications. Scroll down and click on your profession's licensing board and then click on Affidavit of Retirement. If you do not have access to the internet, you may request a retirement form be mailed to you. Our Phone numbers are (800) 778-4123 (toll-free) or 532-3202 (local).

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE.**