

1 21 NCAC 52 .0201 is amended with changes as published in 31:12 NCAC 1248-1251 as follows:

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3 **21 NCAC 52 .0201 APPLICATION**

4 (a) Any applicant for a license to practice podiatry shall submit a written application to the executive secretary of the
5 board. Such Application for Examination or Application of Reciprocity shall be made on a form provided from the
6 board's website (<http://www.ncbpe.org>) or from the board's office as set forth in Rule .0101 of this Chapter. The
7 application shall require the following information:

8 (1) Application type (Regular, Temporary Military, Clinical Residency);

9 (2) Date of Application;

10 (3) Social Security ~~Number~~: Number;

11 (4) Drug Enforcement Administration License Number (DEA), if any;

12 (5) National Provider Number (NPI), if any;

13 ~~(4)~~ (6) Last name, first name, and middle name;

14 ~~(5)~~ (7) Mailing address, including city, state, and zip code;

15 ~~(6)~~ (8) Telephone number and type (home, mobile, business);

16 ~~(7)~~ (9) Email address;

17 ~~(8)~~ (10) Whether or not a U.S. citizen;

18 ~~(9)~~ (11) Whether or not the applicant has or is serving in the military, awarded an MOS in podiatry and date,
19 whether or not the applicant's spouse is currently serving in the military, and dates of service;

20 ~~(10)~~ (12) Education (high school, college or university, graduate or professional, residencies, internships,
21 fellowship training), including name and location of institution, dates attended, graduation
22 completion, major and minor, and type of degree received;

23 ~~(11)~~ (13) Whether or not the applicant intends to practice in North Carolina upon licensure;

24 ~~(12)~~ (14) Whether or not the applicant has been licensed in another state or territory and, if so, state or
25 territory, date of issue, expiration date, disciplinary actions (if any), and how license was obtained;

26 ~~(13)~~ (15) Whether or not the licensee has ever had a license revoked, suspended, denied, or cancelled; denied
27 the privilege of taking an exam; dropped, suspended, warned, placed on scholastic or disciplinary
28 probation, expelled, or requested to resign from any school, college, or university, or advised by any
29 such school of institution to discontinue studies therein; been a defendant in a legal action involving
30 professional liability (malpractice), been named in a malpractice suit, had a professional liability
31 claim paid on the applicant's behalf or paid such a claim; ~~been a patient for the treatment of mental~~

32 ~~illness; been addicted to drugs or alcohol;~~ had any medical, chemical dependency or psychiatric
33 conditions that might adversely affect the applicant's ability to practice medicine or surgery or to
34 perform the essential functions of the position; is presently engaged in illegal drug use; has any
35 physical, mental or substance abuse problems that could impede the applicant's ability to provide
36 care according to standards of professional performance or pose a threat to the health or safety of
37 patients; has any history of alcohol, drug or chemical abuse or dependency (unrelated to prescription

1 drugs medically required to treat a chronic condition; or been convicted of a felony; and any
2 explanation regarding such information that the applicant wishes to present to the board.

3 ~~(14)~~ (16) Whether or not the applicant has previously taken the North Carolina exam and when;

4 ~~(15)~~ (17) Whether or not the applicant requires special disability accommodations to take the board's
5 examination;

6 ~~(16)~~ (18) The reasons why the applicant is applying for licensure in North Carolina;

7 ~~(17)~~ (19) A list of three references;

8 ~~(18)~~ (20) Applicant's oath;

9 ~~(19)~~ (21) A passport-quality photograph taken within 60 days prior to the date of the application; and

10 ~~(20)~~ (22) Applicant's signature.

11 (b) Applicants shall furnish the board with proof that the applicant meets the educational and examination
12 requirements set forth in G.S. 90-202.5(a)

13 (c) The application shall be accompanied by a non-refundable application fee of three hundred fifty dollars (\$350.00).

14 (d) Applications shall also be notarized by a Notary Public in good standing.

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16 *History Note:* Authority G.S. 90-202.5; 90-202.6; 90-202.7;
17 Eff. February 1, 1976;
18 Amended Eff. ~~April 1, 2017;~~ June 1, 2011; April 1, 2005; January 1, 2005; December 1, 1988;
19 Readopted Eff. September 1, 2016.
20 Amended Eff. April 1, 2017

1 21 NCAC 52 .0207 is amended with changes as published in 31:12 NCAC 1248-1251 as follows:
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3 **21 NCAC 52 .0207 ANNUAL RENEWAL OF LICENSE**

4 (a) The executive secretary of the board shall mail to the last known address of each license holder each year a form
5 on which to apply for renewal of his or her license. The renewal application shall be pre-populated with information
6 contained in the board's licensee database with a space for corrections or additions with regard to the following
7 information about the licensee:

8 (1) Social security number;

9 (2) National Provider Number (NPI), if any; NPI number;

10 (3) Drug Enforcement Administration License Number (DEA), if any;

11 ~~(3)~~ (4) Marital status;

12 ~~(4)~~ (5) Name;

13 ~~(5)~~ (6) NC license number;

14 ~~(6)~~ (7) Birthdate;

15 ~~(7)~~ (8) Other states licensed in and license numbers;

16 ~~(8)~~ (9) Home address and phone number;

17 ~~(9)~~ (10) Business address and phone number;

18 ~~(10)~~ (11) Preferred mailing address (business or home);

19 ~~(11)~~ (12) Email address:

20 ~~(12)~~ (13) Whether or not the licensee would like to receive email correspondence from the board;

21 ~~(13)~~ (14) Medicare provider number;

22 ~~(14) Specialty area of practice (e.g., general, surgery, podogeriatrics, podopediatrics, foot orthopedics or~~
23 ~~biomechanics, other);~~

24 (15) Present active practice status (e.g., ~~active full-time, active part-time, active,~~ teaching, retired, residency,
25 other);

26 (16) Principal setting of practice (e.g., hospital, nursing home, free-standing clinic, group, practitioner's
27 office, nonfederal health facility, military facility, Veteran's Administration medical facility, school,
28 other);

29 (17) Form of employment (e.g., self-employed as a solo practitioner or non-solo practitioner, or employee of
30 individual practitioner, partnership or group, government, other);

31 (18) National board certifications (~~American Board of Podiatry~~ Podiatric Surgery, American Board of Foot
32 and Ankle Surgery, American Board of Lower Extremity Surgery, and American Board of Multiple
33 Specialties in Podiatry); ~~College of Foot & Ankle Surgery~~);

34 (19) Hospital staff privileges (hospital, location, date privileges began, type of privileges), any denial of such
35 privileges, and the reason for such ~~denial~~; denial since last renewal application;

36 (20) Whether or not the licensee performs amputations, ankle surgery, or clubfoot procedures; ~~Amputations,~~
37 ~~Ankle Surgery, and/or Clubfoot procedures~~;

1 (21) Whether or not the licensee is granted specialty privileges by the board for amputations, ankle surgery,
2 or clubfoot procedures ~~Amputations, Ankle Surgery, and/or Clubfoot procedures;~~

3 (22) Continuing Medical Education (CME) credits earned in the previous license year, pursuant to G.S. 90-
4 202.11 and S.L. 2015-241, s. 12F, 16(c);

5 (23) Whether or not the licensee has ever had a license revoked, suspended, denied, or cancelled; been a
6 defendant in a legal action involving professional liability (malpractice), been named in a
7 malpractice suit, had a professional liability claim paid on the applicant's behalf or paid such a claim;
8 ~~been a patient for the treatment of mental illness; been addicted to drugs or alcohol;~~ had any medical,
9 chemical dependency or psychiatric conditions that might adversely affect the applicant's ability to
10 practice medicine or surgery or to perform the essential functions of the position; is presently
11 engaged in illegal drug use; has any physical, mental or substance abuse problems that could impede
12 the applicant's ability to provide care according to standards of professional performance or pose a
13 threat to the health or safety of patients; has any history of alcohol, drug or chemical abuse or
14 dependency (unrelated to prescription drugs medically required to treat a chronic condition); or been
15 convicted of a felony; and any explanation regarding such information that the applicant wishes to
16 present to the board;

17 (24) Original signature;

18 (25) Date of renewal application; or

19 (26) Desire not to renew license.

20 (b) The renewal form and accompanying documents shall be returned to the board's offices as set forth in Rule .0101
21 with the original signatures of the licensed podiatrist. The penalties for failure to comply with this Rule are specified
22 in G.S. 90-202.10.

23 (c) If the licensee does not receive his or her renewal application from the board directly, the licensee may obtain a
24 generic copy, without the pre-populated information, from the board's website at <http://www.ncbpe.org> or by
25 contacting the board's office as set forth in Rule .0101 of this Chapter.

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27 *History Note:* Authority G.S. 90-202.4(g); 90-202.10; 90-202.11; S.L. 2015-241, s. 12F, 16(c);
28 Eff. February 1, 1976;
29 Amended Eff. ~~April 1, 2017;~~ April 1, 2013; January 1, 2005; December 1, 1988;
30 Readopted Eff. September 1, 2016.
31 Amended Eff. April 1, 2017

1 21 NCAC 52 .0214 is adopted with changes as published in 31:12 NCR 1248-1251 as follows:

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3 **21 NCAC 52 .0214 NOTICE OF UNLICENSED ACTIVITY**

4 The Board ~~shall may exercise its authority to~~ investigate unlicensed activity, including provide notice of possible
5 violations, and seek injunctive relief pursuant to G.S. 90-202.13.

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7 *History: Authority 90-202.3; 90-202.4; 90-202.8; 90-202.13;*

8 *Eff: April 1, 2017*

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1 21 NCAC 52 .0409 is adopted with changes as published in 31:12 NCR 1248-1251 as follows:

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3 **21 NCAC 52 .0409 COMPLAINTS**
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5 (a) Any person may file a complaint, pursuant to G.S. 150B, Article 3A, against a licensed podiatrist with the
6 board by completing the online complaint form on the board website, <http://www.ncbpe.org> or by
7 providing a completed hardcopy complaint form to the Board, which may be obtained from the board's
8 offices as listed in .0101 of these Rules .

9 (b) The complaint shall set forth the name and contact information of the podiatrist against whom the
10 complaint is lodged, a summary of the facts of the complaint, the complainant's name, mailing address and
11 phone number, and whether or not a copy of the complaint may be sent to the podiatrist about whom the
12 complaint is lodged. Within 14 days of a hardcopy complaint received by the board, a receipt notification
13 shall be sent to the complainant by mail. If an online complaint has been submitted to the board, an
14 electronic receipt notification shall automatically be generated and emailed to the board's Executive
15 Secretary and the complainant. A copy of the complaint shall be sent to the respondent named in the
16 complaint, if so authorized by the complainant; otherwise, the complaint shall be filed in the podiatrist's
17 file for future reference. Should the complaint be sent to the podiatrist, said podiatrist shall respond to the
18 complaint in writing to the board within 45 days of receipt of the complaint and provide the board with a
19 copy of the complainant's medical records pursuant to any board request.

20 (c) At such time as a complaint is received at the board's office and authorization given by the complainant to
21 share the complaint with the podiatrist against whom the complaint is lodged, the Executive Secretary shall
22 notify the board's appointed Grievance Committee members with a copy of the complaint. A Grievance
23 Committee member who does not have a conflict of interest as defined in G.S. 138A-36(a) shall be
24 assigned to conduct an investigation to determine if probable cause exists that a violation of the Podiatry
25 Practice Act (G.S. 90-202.8) may have occurred. After review, ~~should it be deemed necessary by the~~
26 ~~Grievance Committee if the Grievance Committee determines~~ member assigned to the case that further
27 investigation is required to determine if probable cause exists, an outside investigator may be retained with
28 the board's permission.

29 (d) ~~Should~~ If the Grievance Committee member ~~determine~~ determines that no probable cause exists that there
30 was a violation of the Podiatry Practice Act, the Grievance Committee member shall submit a summary of
31 his investigation and conclusion first to the remaining members of the Grievance Committee, and if the
32 members concur, to the board for approval. If the decision is approved by the board at a regularly called
33 meeting of the board, both the complainant and respondent shall be notified of the disposition of the case
34 within 14 days of the board's decision.

35 (e) ~~Should~~ If the Grievance Committee ~~determine~~ determines that probable cause of a violation of the Podiatry
36 Practice Act does exist, the Committee shall notify the board and an administrative hearing in compliance

1 with ~~N.C.G.S. 150B~~ Article 3A of G.S. 150B shall be scheduled. The complainant and the respondent shall
2 be given Notice of the Hearing and the disposition of the case.

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4 *History: Authority: G.S. 90-202.4; G.S. 90-202.8; G.S. 150B-3; ~~G.S. 150B, Article 3A~~; ~~{H1007—G.S. 93B 22}~~*

5 *Eff: April 1, 2017*