



TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

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LICENSEE REQUEST FOR "INACTIVE STATUS" FORM

Under applicable authority pursuant to the Board's Laws (Texas Occupations Code Chapter 202), Rules (Texas Administrative Code; Title 22; Part 18) & Policies, a licensee may apply for "Inactive Status" with the Texas State Board of Podiatric Medical Examiners.

This "Inactive Status" also allows a licensee to designate his/her "Inactive Status" as being "Retired." If choosing the "Retired" designation, the licensee must also clearly indicate in writing to the Board this "Retired" designation and is otherwise subject to all "Inactive Status" provisions contained in Board Rule §378.11 "Inactive License Status."

NAME: _____
 First Middle Last

LICENSE No. _____

DESIGNATION: INACTIVE STATUS
 INACTIVE/RETIRED STATUS

Comments / Purpose for "Inactive Status" (attach additional pages if necessary):

I understand Texas Occupations Code §202.264 "INACTIVE STATUS" provides that: "The Board by rule may provide for the license of a person under this chapter to be placed on Inactive Status. Rules adopted under this section must include a time limit for a license to remain on Inactive Status."

I understand Board Rule §378.11 "Inactive License Status" provides that: "(a) A licensee may place a license on Inactive Status by applying for Inactive Status on a form prescribed by the Board before the date of the expiration of the license and by complying with all license renewal requirements other than the continuing education requirements. (b) A holder of a license that is on Inactive Status may not practice podiatric medicine in this state. The practice of podiatric medicine by a holder of a license that is on Inactive Status constitutes the practice of podiatric medicine without a license. (c) A licensee may remain on Inactive Status for four years. In order for a licensee to return to Active Status, the licensee must complete 15 hours of continuing education per year of Inactive Status not to exceed four years in addition to any outstanding hours of continuing education and pay the required renewal license fees prior to the expiration of the four years. If licensee does not return to Active Status prior to the expiration of four years, the license is Delinquent and the licensee must pay a late renewal penalty in addition to the requirements for returning to Active Status."

I understand that the (regular) "Annual License Renewal" form MUST be completed along with this application and the (regular) "Annual Renewal Fees" MUST still be paid each year that I am on "Inactive Status;" fees of which are subject to late renewal penalties if not paid by the deadline date.

I understand that I may remain on "Inactive Status" for four (4) years. I also MUST renew the unexpired "Inactive Status" license for each year of inactivity by paying to the Board before the expiration date of the license the required renewal fee. I understand that an "Inactive Status" license expires on October 31 of each year. Failure to renew an "Inactive Status" license WILL result in my license being "Delinquent" and ultimately "Cancelled" as provided by §378.13 of the Board Rules.

I also understand that I may NOT practice podiatric medicine in the State of Texas while I am on "Inactive Status." In understanding that I may stay on "Inactive Status" for a maximum of four (4) years, I MUST notify the Board by signed/dated letter that I wish to be taken out of "Inactive Status" and that I have completed all of my required Continuing Medical Education (CME) hours for each year of "Inactive Status" in addition to any outstanding hours of CME I may have and the payment of the required renewal license fees prior to the expiration of the four (4) years.

I understand that if I do not return to "Active Status" prior to the expiration of four (4) years, my license will be deemed to be "Delinquent" and I must pay a late renewal penalty in addition to the requirements for returning to "Active Status" to avoid ultimate "Cancellation" of my license. I understand that a person with a "Cancelled" license may obtain a new license by submitting to reexamination and complying with the requirements and procedures for obtaining an original license.

I understand that a holder of a license that is on "Inactive Status" may NOT practice podiatric medicine in this state. The practice of podiatric medicine in this state by a holder of a license that is on "Inactive Status" constitutes the practice of podiatric medicine without a license and is subject to all administrative/criminal penalties thereof.

I understand Texas Occupations Code §202.605 "GENERAL CRIMINAL PENALTY: PRACTICING WITHOUT LICENSE" provides that: "(a) A person commits an offense if the person professes to be a podiatrist or practices or assumes the duties incident to the practice of podiatry without holding a license to practice podiatry. (b) An offense under this section is punishable by: (1) a fine of not less than \$50 or more than \$500; (2) confinement in the county jail for not less than 30 days or more than six months; or (3) both the fine and confinement."

I also understand that "Inactive Status" will NOT change any pending investigations or disciplinary actions that I may have with the Board.

- **IN ORDER FOR THIS FORM TO BE VALID IT MUST BE ACCOMPANIED BY THE FULLY COMPLETED AND EXECUTED "ANNUAL LICENSE RENEWAL" FORM & APPLICABLE "ANNUAL RENEWAL FEES."**
- **INCOMPLETE SUBMISSIONS WILL BE REJECTED AND WILL RESULT IN PROCESSING DELAYS.**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for denial, suspension, cancellation or revocation of license or other penalties. Upon submission of misstatements, false statements or omitted/incomplete information, I hereby authorize and grant the Texas State Board of Podiatric Medical Examiners the withdrawal of all rights and privileges accrued to me thereunder.
2. I am the person named in this form.
3. I certify that the information I have provided on this application is true and correct. I understand it is a criminal violation (Penal Code, Sec. 37.10) to submit a false statement to a governmental agency. I understand that practicing with an "Inactive, Delinquent or Cancelled" license can result in the loss of clinical privileges and severe administrative and criminal penalties.

THIS FORM MUST BE SIGNED AND DATED:

SIGNATURE: _____

DATE: _____

For Internal Agency Use:

DESIGNATION:

INACTIVE STATUS

INACTIVE/RETIRED STATUS

Staff Comments:
