

Application for License Issue or Reinstatement

Part A: Personal Information

(Member must give an address where they intend to practice podiatry)

Surname»

Given Name(s)»

Practice Address»

Part B: Declaration of continuing education

(Member may be asked to provide relevant documentation at a later date)

How many hours of recognized continuing education have you completed in the past twelve (12) months?»

How many hours of recognized continuing education do you plan to complete by December 31st of this year?»

Part C: Declaration of podiatry practice

(Member may be asked to provide relevant documentation at a later date)

Approximately how many hours have you been engaged in the practice of podiatry for the past twelve (12) months?»

Part D: Declaration of professional liability insurance

(Member may be asked to provide relevant documentation at a later date)

Have you been insured under a professional liability insurance policy with a minimum coverage of \$1,000,000 CDN

per occurrence for the past twelve (12) months?»

Will you have a professional liability insurance policy with a minimum coverage of \$1,000,000 CDN per occurrence

in effect for the next twelve (12) months?»

Part E: Applicant's Declaration

(Member must sign and date the following section)

I certify that my answers to the above questions are true and complete to the best of my knowledge.

I also understand that false or misleading statements made on this application are considered professional

misconduct and may result in disciplinary action by the College.

Signature of Member

Office of the Registrar
c/o Dr. M. Deiana, Podiatrist
2105 Retallack Street Regina, SK S4T 2K5

Date