



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**BOARD OF PODIATRY**  
**CONTINUING EDUCATION REPORTING FORM**

NAME: \_\_\_\_\_ License No.: \_\_\_\_\_  
                    LAST                                    FIRST                                    M.I.

HOME ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERSONAL PHONE NUMBER: (        ) \_\_\_\_\_ - \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_  
  BUSINESS NAME

BUSINESS ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE NUMBER: (        ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS: Attach a documentation of attendance for all continuing education obtained. If applicable, also attach proof of online continuing education in pain management and addiction disorder. Report the total number of hours in the spaces provided. Sign the form.**

The information and requirements listed below are provided as a courtesy. Official administrative rules are posted on the Board's website at <https://www.oplc.nh.gov/board-podiatry>.

Podiatrists licensed in NH are required to show proof of 40 hours of continuing education biennially. Courses must be completed between January 1 of the first year of the period and December 31 of the second year. Continuing education must be reported to the Board before April 1 of the biennial reporting year.

At least 30 hours of attendance must be from formal courses given by an accredited American school or college of podiatry or medicine, or by a state or regional podiatric association recognized by the Council on Podiatric Medical Education or by the American Medical Association. Continuing education courses provided by the American Podiatric Medical Association will be approved. No more than 10 hours of instructional media certified by the Council on Podiatric Medical Education is authorized.

TOTAL HOURS OF **PODIATRIC CONTINUING EDUCATION:**

If applicable, total hours of **PAIN MANAGEMENT AND ADDICTION DISORDERS** continuing education:

My signature below indicates, to the best of my knowledge and belief, the contents of this form and supporting documentation are true, complete, and not misleading. I understand that any material misrepresentation will be subject to disciplinary action by the board.

APPLICANTS SIGNATURE: \_\_\_\_\_