



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov



DOCTOR OF PODIATRIC MEDICINE LICENSE VOLUNTARY CHARITY CARE STATUS FORM INSTRUCTIONS

DOCUMENTS SUBMITTED WILL NOT BE RETURNED, KEEP A COPY OF YOUR COMPLETED FORM.

1. **NAME** - Print your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **LICENSE NUMBER** - Write your complete license number as it appears on your license.
3. **STATEMENT OF AGREEMENT** - Date and sign your request form. Changes to your record cannot be made if your request is not signed.

SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](http://www.tdlr.texas.gov). You can request assistance or submit required attachments via [TDLR webform](http://www.tdlr.texas.gov/webform) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

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DOCTOR OF PODIATRIC MEDICINE LICENSE VOLUNTARY CHARITY CARE STATUS REQUEST FORM

1. Podiatrist's Name:

Last First Middle

2. License Number:

3. STATEMENT OF AGREEMENT

1. I hereby request that my Doctor of Podiatric Medicine license number _____ be placed on official Voluntary Charity Care Status.
2. I certify that my practice of podiatric medicine does not include the provision of podiatric medical service for either direct or indirect compensation which has monetary value of any kind, except payment or reimbursement of reasonable, necessary, and actual travel and related expenses.
3. I certify that my practice of podiatric medicine is limited to voluntary charity care to indigent populations; in medically underserved areas; or for a disaster relief organization, for which I receive no direct or indirect compensation of any kind for podiatric medical service rendered.
4. I certify that my practice of podiatric medicine does not include the provision of podiatric medical service to my family.
5. I certify that my practice of podiatric medicine does not include the self-prescribing of controlled substances or dangerous drugs. All prescribing or administering of controlled substances or dangerous drugs will be in the provision of voluntary charity care only.
6. I certify that my practice of podiatric medicine is limited to voluntary charity care for which I will receive no compensation of any kind for podiatric medical services rendered.
7. I acknowledge that in order to qualify for this status I must complete continuing medical education as required under the Podiatric Medical Practice Act, Texas Occupations Code §202.305 and 16 Texas Administrative Code §130.49(d)(2).
8. I understand that in order to qualify for this status I must file a completed registration application with the Department biennially as required under the Podiatric Medical Practice Act, Texas Occupations Code §202.251; §202.3015 and 16 Texas Administrative Code §130.49(d)(1).
9. I understand that I must request and execute the Voluntary Charity Care Status request form with each renewal.
10. I understand that as a podiatrist requesting Voluntary Charity Care Status from the Department, whose only practice is the provision of voluntary charity care as described in this document, I shall be exempt from the renewal fee. I understand that should I return to an Active Status, I will be required to renew and pay the renewal fee and complete all required additional continuing medical education hours.
11. I understand that I remain subject to disciplinary action under the Podiatric Medical Practice Act, Texas Occupations Code §202.253; §202.501; §202.5015 and 16 Texas Administrative Code §130.49(e) based on unprofessional or dishonorable conduct likely to deceive, defraud, or injure the public if I engage in the compensated practice of podiatric medicine, the provision of podiatric medical services to members of my family, or the self-prescribing of controlled substances or dangerous drugs.
12. I understand that my attempts to obtain an exemption from the registration under 16 Texas Administrative Code §130.49 by submitting false or misleading statements to the Department shall render me subject to disciplinary action pursuant to the Podiatric Medical Practice Act, Texas Occupations Code §202.253; §202.501; §202.5015, in addition to any civil or criminal actions provided for by state or federal law.

Podiatrist's Signature

Date