

PODIATRISTS REGISTRATION BOARD - TASMANIA

RENEWAL OF REGISTRATION 2008

Podiatrists Registration Act 1995

I(full name)

of (postal address)

Email Address.....

hereby apply for renewal of registration and enclose the prescribed fee of three hundred dollars (\$300).

Signature

Date

Please answer the following questions in support of your application by ticking the appropriate box.

I have continuously practiced podiatry during the past five years (yes)

(no)

If no please provide details of periods when you have not been in active practice during the past 5 years.

My existing practice locations in Tasmania are:

.....
.....

PAYMENT DETAILS

I enclose my cheque/money order for \$300 for the annual registration fee.

OR

Please charge my MasterCard/Visa/Bankcard - \$300.

Card Number

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Cardholders Name _____

Expiry Date _____ Cardholders Signature _____

Return to Podiatrists Registration Board PO Box 240 Claremont TAS 7011