PODIATRISTS REGISTRATION BOARD - TASMANIA

RENEWAL OF REGISTRATION 2010

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.

1. 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.

…….

…….

2. I hold professional indemnity insurance and attach documentation to support this.

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

Cardholders Name _____

Expiry Date _____ Cardholders Signature _____

Return to Podiatrists Registration Board PO Box 240 Claremont TAS 7011 by 31 December 2009