



Alabama State Board of Podiatry
2777 Zelda Rd
Montgomery, AL 36106
Phone: 334/420-7205 Fax: 334/263-6115
www.podiatryboard.alabama.gov

TO: Alabama Licensed DPM
From: Keith E. Warren, Executive Director
Date: July 9, 2025
Re: **Renewal Platform**

LICENSE DUE FOR RENEWAL EXPIRES ON OCTOBER 1, 2025

RENEWALS WILL OPEN ON July 14, 2025

The Board highly encourages you to renew online for the health and safety of all. If you wish to renew online, please have ALL of your documents on hand before you begin the process. You may access the renewal season section on the Board's home page, <https://podiatryboard.alabama.gov>, OR the direct link to renew online is <https://pod-renew.kalmservices.net/>, you will have the convenience, of completing your renewal online, uploading your CMEs (**you must have all 12 completed to renew and if possible, please combine all pdf files into one pdf file before uploading**), and paying via with debit card, credit card (\$26.00 fee), or electronic check (\$4.00 fee). **Please note that if you pay via electronic check the convenience fee is less than paying with a credit card.** Upon review of your submitted renewal information, 12 CMEs and fees, your license(s) will be mailed to you within 14 business days, as they have been in the past; however, if you renew closer to the expiration date of the license there could be a delay in your license being sent to you, **Please DO NOT discard your current license that has an expiration of October 1, 2025, until after that date!** First and foremost, you MUST have an active email address on file with the Board. If for any reason, you need to add or update an email address, please do so by contacting Ms. Hope Childers, Board Administrator at hope@alstateboard.com.

If you wish to not renew online, please email the Board office at hope@alstateboard.com and she will be happy to provide you with that form or you may access that form, under the **Renewal Season** on the Board's homepage. The form is a part of the Executive Director's Memo. You will need to return that renewal form, certificates for 12 CMEs and payment via check or money only, prior to the expiration date of your license, which again is October 1, 2025. The \$300.00 late fee will be accessed on ALL late renewals, which included all items postmarked after October 1, 2025. The absolute last day to renew (including the \$300.00) is October 31, 2025. The Board does not have legal authority to extend the renewal. If you are no longer practicing in Alabama, you may place your license on an inactive status for no more than 2 years with no fee accessed. Please reach out to Hope regarding the appropriate steps.

Again, the Board highly recommends you renew online. By doing so, it eliminates the possibility of payments getting lost in the mail, which could result in a late fee. **If you'd rather renew your license at the office, you may wish to make appointment, to ensure someone is available to assist you.** Please bring all documents with you, including the printed renewal form, CMEs and

appropriate fees. In addition, the Board ***WILL not be*** emailing copies of licenses. If you have any questions, please reach out to via email to hope@alstateboard.com. She will get back to you within 48 hours, excluding weekends and holidays.

Alabama State Board of Podiatry
2740 Zelda Road –3rd Floor (Physical Address)
2740 Zelda Rd, Box #5 (Mailing Address)
Montgomery, AL 36106
334-420-7237, office
334-263-6115, fax
Website: www.podiatryboard.alabama.gov
Email: hope@alstateboard.com

YOUR CURRENT ALABAMA PODIATRY LICENSE WILL EXPIRE ON WEDNESDAY, OCTOBER 1, 2025.

Submit this form, proof of 12 approved CME's,
\$500.00 Renewal Fee, plus \$50.00 Controlled Substance Registration Renewal.
YOU MUST SUBMIT ALL OF THESE TOGETHER IN ORDER TO RENEW!

Practice Name: _____
Name: _____, DPM License # _____
Office Mailing Address: _____

Please provide the following information listed below:

Practice Name: _____
Office Mailing Address: _____

Office Phone: _____

Office Fax: _____

Home Address: _____

Home Phone: _____
Email Address: _____



NEW REQUIREMENT: THE BOARD NOW REQUIRES TO KNOW THE PHYSICAL LOCATION(S) OF WHERE YOU PRACTICE. YOUR LICENSE(S) WILL STILL REFLECT THE MAIN OFFICE PHYSICAL ADDRESS, CITY AND STATE. YOU WON'T RECEIVE ADDITIONAL LICENSES FOR SATELLITE OFFICES.

MAIN OFFICE PHYSICAL ADDRESS:

SATELLITE OFFICE(S) PHYSICAL ADDRESS: (IF APPLICABLE):

PLEASE ENCLOSE: **NOTE: ALL FEES AND DOCUMENTATION HAVE TO BE MAILED IN AT THE SAME TIME.**

- ☐ \$500.00 License Renewal Fee
- ☐ \$50.00 Controlled Substance Registration Renewal Fee
- ☐ \$300.00 Late License Renewal Fee **—(applies if your renewal form is not in our office by 10/01/2025 or if postmarked 10/01/2025 or later.**
- ☐ Documentation of 12 CME's **(MUST BE INCLUDED WITH THIS FORM) Hours must be from October 2024 to present. Any duplicate hours submitted will cause your application to be returned to you.**

THE BOARD HIGHLY ENCOURAGES YOU TO SUBMIT YOUR RENEWAL AND SUPPORTING DOCUMENTS AS SOON AS POSSIBLE, TO AVOID A DELAY IN CREDENTIALING INQUIRES OR HOSPITAL PRIVILEGES FROM BEING SUSPENDED.

DURING THE PREVIOUS 12 MONTHS:

Have you been denied a Podiatry License in any state or jurisdiction? ☐ Yes ☐ No

Have you had a Podiatry License suspended, revoked, surrendered or have you been disciplined by the Licensing authorities in any state or jurisdiction? ☐ Yes ☐ No

Have you been convicted of any criminal offense or is there any criminal charge now pending against you? ☐ Yes ☐ No

If you answered yes to any of the above questions, documentation is: ☐ Attached to this form

☐ On file in the Board Office

For the purpose of demographics & future Board Member appointments, please provide the following info:

Race: _____ Sex: _____

I hereby attest that the above information contained herein is true to the best of my knowledge and belief.

Signature: _____

Date: _____