

Regular Mailing Address
 STATE BOARD OF PODIATRY
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 717-783-4858
 Email: st-podiatry@pa.gov

Courier Delivery Address
 STATE BOARD OF PODIATRY
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE PODIATRY BY EXAMINATION

This application must be submitted by Applicants who have **not passed** the PMLexis/Part III of the National Board Examination.

- In addition to filing an application with the Pennsylvania Board, a registration form and testing fee must be filed with Prometric to schedule for the Part III National Board Examination.

***Applicants who have passed the PMLexis/Part III of the National Board examination must complete and submit the Application for a License to Practice Podiatry by Reciprocity.**

APPLICANTS MUST COMPLETE THE FOLLOWING:

1. Submit the \$30 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2. Complete pages 1 and 2 of the application.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

EDUCATION

1. Complete Section 1 of the Verification of Podiatry Education form and forward to your podiatry school for completion of Section 2. **The school must return the completed verification directly to the Board in an official school envelope. The form may be completed ONLY three months prior to graduation. However, if graduation **DOES NOT** take place, the school must notify the Board immediately.**
2. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

EXAMINATIONS

Submit proof of obtaining a passing score on the following examinations acceptable to the Board by contacting the appropriate agency and **request scores be sent directly to the Board:**

National Boards Parts I and II	Contact Prometric/NBPME to request an official transcript of your National Board scores (Part I and II) to be sent to the Pennsylvania State Board of Podiatry. You may download a request form or order score reports online at www.apmle.com .
PMLexis/Part III	Arrange for Prometric/FPMB to submit your official transcript of Part III of your National Board scores to the Pennsylvania State Board of Podiatry.

ALL OTHER REQUIREMENTS

1.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
2.	If you hold/held a license, certificate, permit, registration or other authorization to practice a profession or occupation in another state, you must provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
3.	Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from podiatry school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

IMPORTANT INFORMATION

1.	PLEASE ALLOW AT LEAST 30-60 DAYS FOR PROCESSING.
2.	PLEASE FOLLOW ALL DIRECTIONS. ANY DISCREPANCIES WILL CAUSE A DELAY IN THE ISSUANCE OF A LICENSE.
3.	IF THIS APPLICATION IS NOT COMPLETED WITHIN SIX MONTHS, <u>UPDATES OF CERTAIN SECTIONS AND/OR SUPPORTING DOCUMENTS WILL BE REQUIRED.</u>
4.	IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD.
5.	YOU MAY NOT PRACTICE IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL THE PENNSYLVANIA STATE BOARD OF PODIATRY HAS ISSUED A LICENSE.
6.	YOU MAY NOT PRACTICE IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL YOU HAVE PURCHASED PROFESSIONAL LIABILITY COVERAGE.

7.	ALL LICENSES WILL EXPIRE ON DECEMBER 31ST OF AN EVEN-NUMBERED YEAR. THE EXPIRATION DATE IS NOT DETERMINED BY THE ISSUE DATE.
8.	THE FEE SUBMITTED WITH THIS APPLICATION IS A PROCESSING FEE. AT RENEWAL TIME, YOU WILL BE ASSESSED THE FULL RENEWAL FEE.
9.	IF THE APPLICATION PROCESS IS NOT COMPLETED WITHIN ONE YEAR, APPLICANTS WILL BE REQUIRED TO SUBMIT AN UPDATED APPLICATION (<u>ANOTHER APPLICATION PROCESSING FEE</u>) ALONG WITH SUPPORTING DOCUMENTS, AS NECESSARY.

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TO BE COMPLETED BY APPLICANT

NAME:	Last		First			Middle		
ADDRESS:	Street							
City				State			ZIP	
DATE OF BIRTH:	Month	Day	Year	SOCIAL SECURITY NUMBER:				
EMAIL ADDRESS:								
PHONE NUMBER:								

If your licensure records are listed under another name or names, please list:

NAME & ADDRESS OF PODIATRY SCHOOL

NAME OF PODIATRY SCHOOL:												
ADDRESS OF SCHOOL:												
DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year

EXAMINATION INFORMATION

NBPME PART III EXAMINATION DATE APPLIED FOR:	<input type="checkbox"/> JUNE	<input type="checkbox"/> DECEMBER	
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LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		
13	Do you intend to practice in this Commonwealth? If "Yes," list the address or location below. If "No," attach an explanation and reasons for requesting a PA license.		
14	I am aware, pursuant to § 29.52 of the Pennsylvania Code, if I practice in Pennsylvania, I must maintain the required amount of professional liability insurance. Failure to do so will result in suspension or revocation of my license.		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF PODIATRY							
VERIFICATION OF PODIATRY EDUCATION							
SECTION 1 – TO BE COMPLETED BY APPLICANT							
NAME:	Last		First			Middle	
NAME OF PODIATRY SCHOOL:							
LOCATION:							
<p>Submit the verification of podiatry education form to your podiatry school and request the school return the completed form <u>directly</u> to the Board in an official school envelope.</p>							
SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF PODIATRY SCHOOL							
NAME OF PODIATRY SCHOOL:							
NAME OF STUDENT:	Last		First			Middle	
DATE STUDENT BEGAN TO ATTEND THIS PODIATRY SCHOOL:				Month	Day	Year	
DATE OF GRADUATION:				Month	Day	Year	
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT AND THAT THE STUDENT GRADUATED WITH A DEGREE OF DOCTOR OF PODIATRIC MEDICINE.							
SIGNATURE OF DEAN/REGISTRAR:							
DATE:	Month	Day	Year	<p>This form may be completed <u>ONLY three months prior to graduation.</u> Upon completion, school must return this completed form directly to the PA State Board of Podiatry in an official school envelope.</p> <p style="text-align:center;">**** IF GRADUATION <u>DOES NOT</u> TAKE PLACE, NOTIFY THE BOARD IMMEDIATELY****</p> <p style="text-align:center;"><i>DO NOT RETURN THIS FORM TO THE APPLICANT</i></p>			
(Seal of School)							
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