

STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave, Room 310 • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

APPLICATION FOR A FULL LICENSE

REQUIRED FORMS AND DOCUMENTS: ****PRIMARY SOURCE DOCUMENTATION REQUIRED**

Item	Description	BOARD USE ONLY	
1.	APPLICATION with recent passport photograph attached to upper right hand corner, with your notarized signature .		
2.	FEES NONREFUNDABLE Application Fee of \$50.00 plus \$1050.00 January Licensure (issued January 1 – June 30) \$850.00 July Licensure (issued July 1 – December 31) Check payable to: <i>Board of Podiatric Medical Examiners</i>		
3.	PODIATRY COLLEGE TRANSCRIPT - Official Copy		
4.	NATIONAL BOARD SCORES BOTH PARTS. Only official reports bearing the seal of the National Board of Podiatric Medical Examiners are acceptable. <i>Order Reports at 1-877-302-8952</i>		
5.	PM LEXIS EXAMINATION SCORES Only certified reports from the Federation of Podiatric Medical Boards are acceptable. <i>Order Reports at http://www.fpmb.org</i>		
6.	NOTARIZED RESIDENCY AFFIDAVIT or Certification of 5 years practice, whichever is applicable.		
7.	STATE LICENSURE AFFIDAVIT(S) Applicants that hold or have ever held a license in another state including Limited/Temporary licensure.	1. 3.	2. 4.
8.	TWO (2) REFERENCE LETTERS from podiatrists addressed to the Board One (1) of which must be from a podiatrist licensed in the state you are currently licensed and practicing.	1. 2.	
9.	CURRENT CARDIO PULMONARY RESUSCITATION (CPR) CERTIFICATION		
10.	JURISPRUDENCE ONLINE LECTURE AFFIDAVIT JURISPRUDENCE EXAM AFFIDAVIT JURISPRUDENCE EXAM		
11.	Other		

****PRIMARY SOURCE VERIFICATION:** Defined as verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Verification Documents must be sent to the Board directly from the ORIGINAL SOURCE. Verification documents forwarded to the Board from the applicant are not accepted.

BOARD USE ONLY

National Practitioner Data Bank Query	Date:	Signature:
Jurisprudence Exam and Law Books Mailed	Date:	Signature:
Approval of License	Date:	Signature:

**STATE OF MARYLAND
BOARD OF PODIATRIC MEDICAL EXAMINERS
APPLICATION FOR A FULL LICENSE**

Please Type or Print

Last Name	First Name	Middle Initial	Maiden Name
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Present Address

City	State	Zip code
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Phone Number	Cell Number	Email Address
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Permanent Address

City	State	Zip code
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Phone Number

Date of Birth	Place of Birth	Gender (M/F)
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Social Security Number *

Enter Name of Podiatry College Attended and Graduation Date Below:

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
6. Other

* Maryland and Federal law requires that the Board obtain the Social Security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law § 10-119.3)
- Identification by the Department of Assessments and Taxation of new businesses in Maryland (Md. Code Ann., Health Occ. § 1-210)
- Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. § 1396a(a)(49); 42 U.S.C. § 1396r-2; 42 U.S.C. § 1320a-7)

Please respond to which one of the following is applicable:

- A. POST GRADUATE CLINICAL TRAINING. (List all residency program attended; continue on separate page if required)
Identify each Residency Program

I)

Name of Facility

Address

Dates of Post Graduate Training

II)

Name of Facility

Address

Dates of Post Graduate Training

- B. PRACTICE REQUIREMENT. Please complete all clinical practice locations and dates immediately following completion of your residency to date.

Note 1: All applicants must have either completed one year of post graduate training in a residency program or have a least (5) years in active clinical practice preceding application to be eligible for licensure in Maryland.

List state(s) in which you are licensed to practice podiatry or have ever been licensed including any licenses issued during residency. Please note that each Licensing Board for the state listed must complete a Licensure Affidavit form to be sent directly to the Board of Podiatry in Maryland.

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

Continue on separate page if required

1. Is your application for licensure before another State Board at this time? YES NO

If yes, give details: _____

2. Has your license to practice in any State ever been subject of an investigation and/or disciplinary action? YES NO

If yes, give details: _____

3. Has your application for a podiatric license ever been withdrawn or denied for any reason?
 YES NO

If yes, give details: _____

4. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
 YES NO

If yes, give details: _____

5. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order in a state other than Maryland or have ever been, you must enclose a certified copy of the Order with this application.

YES NO

If yes, give details: _____

6. Have you ever been convicted of a crime? YES NO

If yes, give details: _____

7. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?

YES NO

If yes, give details: _____

8. Have you ever been addicted to, or treated for addiction to drugs or alcohol? YES NO

If yes, give details: _____

9. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?

YES NO

If yes, give details: _____

10. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?

YES NO

If yes, give details: _____

11. Have you been named as a defendant in a filing or settlement of a malpractice action? If yes, submit a current copy of your National Practitioner Data Bank report. (You may call 1-800-767-6732 to obtain information.)

YES NO

If yes, give details: _____

12. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity?

YES NO

If yes, give details: _____

13. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

YES NO

If yes, give details: _____

****[Reference Letters Requirements for New Applicants Only and not for Reinstatements]****

Please list two (2) podiatrists who will be providing a reference on your behalf as to character, reputation and proof of practice. Request them to send their letters directly to the Board.

Name: _____

Address: _____

Name: _____

Address: _____

AFFIDAVIT

I, _____ being duly sworn do hereby swear that I am the person in this application for licensure before the Maryland Board of Podiatric Medical Examiners, and that the statements herein contained are true in every respect. If granted licensure, I will comply with all requirements of the laws governing the practices of podiatry in the State of Maryland, and pledge that I shall abstain from all deceptive and fraudulent methods of practice, immoral, unethical unprofessional conduct and will conduct my practice in accordance with the Code of Ethics adopted by the profession.

Signature of applicant

Date

Subscribed and sworn before me this _____ day of _____

NOTARY PUBLIC

My commission expires _____

**SEAL
AND
STAMP**

Forward completed application to:

Board of Podiatric Medical Examiners
4201 Patterson Avenue, Room 310
Baltimore, Maryland 21215-2299



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STATE LICENSURE AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO LICENSING BOARD(S) IN THE STATE(S) WHERE LICENSED.

_____ Last	_____ First	_____ Middle
_____ Date of Birth	_____ Social Security Number	
_____ State Board	_____ Podiatry College & Date of Graduation	

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD
AND FORWARDED DIRECTLY TO THE BOARD OF PODIATRY IN MARYLAND.

License Number: _____ Date of Original Issue: _____

Is License in Good Standing? YES NO Expiration Date of License: _____

License Type: Full/Unrestricted Temporary/Limited Other, please specify:

Licensed by: State Examination without Examination Other, Please specify:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES NO If "yes", please attach documentation

Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state? YES NO If "yes", please attach documentation

Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? YES NO If "yes", please attach documentation

Form Completed by: Title

Signature Date

State Board

NOTARY SEAL & STAMP
(Not valid without seal)



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RESIDENCY AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE RESIDENCY PROGRAM(S) ATTENDED

Last First Middle

Date of Birth Social Security Number

Name of Facility

Address

Dates of Attendance

THIS PORTION IS TO BE COMPLETED BY THE RESIDENCY PROGRAM DIRECTOR
AND FORWARDED DIRECTLY TO THE BOARD OF PODIATRY IN MARYLAND.

This is to certify that the above named applicant:

is currently attending and has now successfully completed _____ years of
postgraduate clinical training in the program listed above. OR

has successfully completed postgraduate clinical training in the program listed above.

ADDITIONAL COMMENTS:

Name & Title of Program Director

Signature of Program Director Date

() _____
Office Telephone

NOTARY SEAL & STAMP
(Not valid without seal)

STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
APPLICATION FOR FULL PODIATRIC MEDICAL EXAMINER LICENSURE

ATTENTION

VETERANS EMPLOYMENT ACT OF 2013

Senate Bill 273, Veterans Employment Act of 2013 became effective July 1, 2013 requiring specified licensing units and Boards to give credit to former service members for relevant military training, education, and experience in connection with the issuance of occupational and professional licenses, certificates, and registrations. The Bill establishes processes for issuing licenses to military spouses who hold an occupational or professional license in another state.

**IF YOU ARE A VETERAN, SERVICE MEMBER OR MILITARY SPOUSE, PLEASE REVIEW
AND
COMPLETE BEFORE PROCEEDING**

“Service Member” means an individual who is an active duty member of:

*The Armed Forces of the United States;
A reserve component of the Armed Forces of the United States; or
The National Guard of Any State*

“Veteran” means a former service member who was discharged from active duty under circumstances other than dishonorable within 1 year before the date on which an application for licensure, registration, or certificate is submitted.

“Military Spouse” means the spouse of a service member or veteran and includes a surviving spouse of a veteran service member who died within one year before a license or certificate application is submitted.

**COMPLETE THIS INFORMATION ONLY IF YOU MEET ONE OF THE FOLLOWING
CRITERIA**

Please place an X in the appropriate box.

Service Member - Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. (Provide DD1173 Military Id card)

Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. (Provide DD214)

Military Spouse:

Spouse is a Veteran. (Provide DD214)

Spouse was a service member who died within one year before the date of submitting the application. (Provide DD2765- Uniformed Services Identification card)

Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any State. (Marriage certificate and uniformed Services Identification card DD2765).

Signature of Applicant

Date