



GEORGIA STATE BOARD OF PODIATRY
237 Coliseum Drive * Macon, Georgia 31217 * (478) 207-2440
www.sos.state.ga.us/plb/podiatry

APPLICATION FOR INITIAL LICENSURE AS A PODIATRIST

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Podiatry in the State of Georgia. Visit the website for information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

All applicants must pass the NBPME "American Podiatric Medical Licensing Examination" (APMLE), Parts I, II, III (formally the PMLex) national exam before licensure.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The \$50.00 non-refundable application fee payable to Georgia State Board of Podiatry must be included with application.

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

NOTARIZED APPLICATION: The application must be mailed to the Board's office at the address listed above, notarized, along with your **FEE** and **PHOTOGRAPH** – a full-face (approximately 2x2) photograph taken within one year before the submission of the application. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation and court documents if you have had any criminal convictions or charges, or sanctions by another state licensing board.

NATIONAL BOARD SCORES: All applicants are required to pass the "American Podiatric Medical Licensing Examination" (APMLE) national exam offered through the National Board of Podiatric Medical Examiners (NBPME) before applying for licensure in Georgia (passing score = 80). Please contact the National

Board administrative offices at (561) 752-3735 or <http://www.nbpme.info/exams.htm> and have them certify your scores to Georgia.

DISABILITY ACCOMODATIONS: The Board will provide reasonable accommodation to a qualified applicant with a disability in accordance with the American with Disabilities Act. If you have a disability and may require an accommodation, you must contact the Board to obtain the Request for Disability Accommodation Guidelines. The Board must receive all application materials, including the information requested in the guidelines by the application deadline date.

DEGREE TRANSCRIPT: All applicants for licensure must have graduated from an approved American Podiatric Medical Association college. An official Doctorate College transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar's office of the college. The Certificate of Education must be completed and sent to the Board office.

OTHER STATE LICENSURE CERTIFICATION: If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.

CERTIFICATE OF RESIDENCY: A Certificate of Residency for one year must be sent to the board office. (See Board Rule: Board Rule 500-2-.01) If your residency will not be completed until June 30th, please have the Training Director or Department Chair send a letter stating you are in the process of completing your residency and the expected completion date. Your license will not be issued until the one year residency certificate has been received.

BACKGROUND INFORMATION: All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. You must also submit a copy of the court's final disposition or the official document showing the description of the current status. The Board, at their next scheduled meeting, will review the application and required documentation. Approval of licensure is at the Board's discretion.

PERSONAL INFORMATION: If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.

PART II – PROFESSIONAL EDUCATION

Highest Degree Earned: _____Doctorate

Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate College/university): _____

Dates Attended: _____ Graduation Date: _____

Major: _____ Degree(s) Earned: _____

Name/Address of Graduate School/University: _____

Dates Attended: _____ Graduation Date: _____

Major: _____ Degree(s) Earned: _____

Name/Address of Post-Graduate School/Hospital: (if applicable)

Type of Training: _____ Dates Attended: _____

Have you completed an APMA accredited residency program? () Yes () No **If yes, please attach certificate/letter of completion.**

Board Rule 500-2-01: A minimum of 1 year residency in podiatric medicine and surgery in a program based at a hospital approved by the American Podiatric Medical Association and the Board or a letter dated within 90 days of the expected date of completion of residency from the Director of Training, Registrar; or Head of the Department on official letterhead documenting the date on which the applicant is expected to complete the one year’s residency. License will not be issued until Certificate of Residency is received and exams passed.

PART III – PROFESSIONAL CERTIFICATION

Have you taken and passed the NBPME “American Podiatric Medical Licensing Examination” (APMLE - formally known as PMLexis) exam? () Yes () No

An official copy of the scores must be submitted to this office. Mail with application materials or have NBPME mail to:

Georgia State Board of Podiatry, 237 Coliseum Drive, Macon, Georgia 31217-3858

List any state(s) in which you now hold or have ever held a Podiatry License:

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

***Note:** The Certification of Licensure form should be sent to **ALL states in which you hold a license.** (You can make additional copies of the form if necessary). The licensing agency for other state should mail the completed form(s) directly to our office: **Georgia State Board of Podiatry, 237 Coliseum Drive, Macon, Georgia 31217.**

PART IV – EMPLOYMENT

Have you been engaged in active practice of podiatric medicine immediately preceding the date of this application? () Yes () No If yes, please list the location(s) and date(s) of operation for previous Podiatry offices:

Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

PART V – BACKGROUND INFORMATION

Instructions: If you answer yes to any of the following questions, attach an explanation, relevant documents and a description of the current status for arrest charges. You must attach a copy of court's final disposition.

Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No

Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) () Yes () No **If yes, please attach an explanation and have the official documents sent to Board office.**

Have you ever had revoked suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state? () Yes () No

Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or in any other state? () Yes () No

Have you ever had any malpractice action taken against you or do you have any pending malpractice action? () Yes () No **If yes, attach an explanation.**

Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? () Yes () No **If yes, attach an explanation.**

To your knowledge, are you the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state? () Yes () No **If yes, attach an explanation and have official documents sent to Board office.**

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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NOTE: (Copies of this page may be duplicated if needed)

CERTIFICATION OF LICENSURE

This form should be sent to **ALL States** in which you hold a Podiatry license. The form should be completed by the State Board of Podiatry and returned to the above address.

PART I – APPLICANT

I _____, hereby authorize the state of _____
 Board of Podiatry to furnish to the Georgia State Board of Podiatry the information requested below.

Applicant's Signature Social Security No. License No.
 Applicants do not write below this line. Applicants must forward to state verifying license.

PART II – STATE AGENCY

LICENSING AGENCY: *The above applicant has applied for a license to practice podiatric medicine in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia Board of Podiatry * 237 Coliseum Drive * Macon, Georgia 31217-3858*

Name of Licensee: _____ License Number _____

Licensed by: Exam Endorsement Waiver Grandfather Clause

If by exam, please indicate the examination administered to applicant: _____

Issue Date: _____ License Status: Current Expiration date: _____

Inactive Date of last renewal: _____

Lapsed Date of last renewal: _____

Have all continuing education requirements been met? YES NO

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES NO

Is the applicant currently under investigation? Yes () No ()

*** Please provide details, including copies of any documents with status of investigations.**

Signed _____ Date _____

Title: _____ State Board _____

Telephone # (____) _____

(Seal)



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CERTIFICATE OF PODIATRIC EDUCATION

**THE FOLLOWING MUST BE COMPLETED BY THE PODIATRY
COLLEGE FROM WHICH YOU GRADUATED**

It is hereby certified that: _____
(Applicant/Student Name)

received a diploma from _____ conferring
the degree of **DOCTOR OF PODIATRIC MEDICINE.**

Date Degree Conferred: _____

President, Dean or Registrar

(Seal of College)

Please return completed form to applicant or mail completed form to:

Georgia State Board of Podiatry Examiners
237 Coliseum Drive
Macon, Georgia 31217-3858

**An Official Transcript must be submitted having the school seal,
and showing degree and date awarded. The transcript can be
mailed with the application or mailed directly from university.**