



## GEORGIA STATE BOARD OF PODIATRY

237 Coliseum Drive

Macon, Georgia 31217-3858

Phone (478) 207-2440

[www.sos.ga.gov/plb/podiatry](http://www.sos.ga.gov/plb/podiatry)

### APPLICATION FOR LIMITED TEMPORARY PODIATRY LICENSE

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.***

### 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 \$40.00 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.

**PROOF OF CURRENT STATE LICENSURE:** Applicant must submit proof of current licensure in good standing in another State or Country. Please have that/those State(s) officially certify that license directly to the Board's office.

**DEGREE TRANSCRIPT:** Applicants for licensure must have graduated from an approved American Podiatric Medical Association college or its equivalent. 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.

**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.

**CONSENT FORM:** Please sign the consent form giving the Board permission to receive any criminal history record information.

A limited temporary license will only be issued for the purpose of advancing medical education in a hospital and training provided such podiatrist holds a license in good standing, in that State or Country. Applicants for a temporary license MUST be under the direct supervision of a Georgia licensed Podiatrist and enrolled in a hospital based program or study recognized by the Board. **ALL TEMPORARY PODIATRY APPLICATIONS MUST BE APPROVED BY THE BOARD.**

A limited Temporary Podiatry License is valid for a period not to exceed one year. The limited temporary license must be surrendered to the board upon completion of the educational program or expiration, whichever occurs first.



**PART II – PROFESSIONAL EDUCATION**

Have you completed an APMA accredited residency program? ( ) Yes ( ) No

10. Highest Degree Earned: \_\_\_\_\_ Doctorate

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

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_

b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

12. Name/Address of Graduate School/University: \_\_\_\_\_

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_

b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

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

\_\_\_\_\_

a. Type of Training: \_\_\_\_\_ b. Dates Attended: \_\_\_\_\_

**PART III – PROFESSIONAL CERTIFICATION**

14. 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**

15. Have you been engaged in active practice of podiatric medicine immediately preceding the date of this application? ( ) Yes ( ) No \*Please list the location(s) and date(s) of practice:

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 and you must attach a copy of court's final disposition.**

- 16. Have you ever had any restrictions as a Medicaid or Medicare provider? ( ) Yes ( ) No
- 17. 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.**
- 18. 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
- 19. 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
- 20. 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.**
- 21. 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.**
- 22. 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.**

**PART VI – AFFIDAVIT OF APPLICANT**

**ATTACH A RECENT 2”X2” PHOTOGRAPH HERE**

County of \_\_\_\_\_

State of \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the person described and identified in this application. I have answered all the questions truthfully and completely, and my documents that I have provided in support of my application are, to the best of my knowledge true and accurate.

I hereby authorize the Georgia Board of Podiatry to perform and to receive any criminal history record to pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Furthermore, I give consent to the Georgia Board of Podiatry to perform periodic criminal background checks for the duration of my active licensure status with this state.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. I further certify that I am the person photographed as attached.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Seal)



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF PODIATRY  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
(478) 207-2440**

**CONSENT FORM**

I authorize the **Georgia State Board of Podiatry** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
Applicant's Full Name (Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Place of Birth (City/State):

\_\_\_\_\_  
Aliases or Maiden Name:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



The Office of Secretary of State

Georgia State Board of Podiatry
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Note: Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- INS Form I-94 annotated with stamp showing admission under §208 of the INA
- INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- INS Form I-766 (Employment Authorization Document) annotated "A5"
- Grant letter from the asylum office of INS
- Order of an immigration judge granting asylum

Refugee:

- INS Form I-94 annotated with stamp showing admission under §207 of the INA
- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- INS Form I-766 (Employment Authorization Document) annotated "A3"
- INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- INS Form I-766 (Employment Authorization Document) annotated "A10"
- Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- INS petition and appropriate supporting documentation

Applicant's Signature Date



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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 mail completed form to:**

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

**An Official Transcript must be mailed directly to the Georgia  
Board of Podiatry showing degree and date awarded in a sealed  
envelope. The transcript can be mailed with the application or  
mailed directly from university.**