2009 APPLICATION INSTRUCTIONS

BOARD OF PODIATRIC MEDICINE

PODIATRIST LICENSURE PACKET

This packet should include the following:

1.) Seven (7) pages of instructions and information
2.) A three (3) page application
3.) A Verification of State Licensure Form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included in this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email a tpla5@pla.in.gov. For additional information, please visit our website at www.pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT http://www.pla.in.gov/bandc/bpm/licenceapp.html.**

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: DPM Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana Board of Podiatric Medicine to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 U.S.C. §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application.

Application fees are non-refundable

APPLICATION FOR LICENSURE AS A PODIATRIST

LICENSURE AS A PODIATRIST CAN BE OBTAINED THROUGH EITHER OF THE FOLLOWING METHODS:

1.) EXAMINATION
2.) EXEMPTION FROM EXAMINATION (ENDORSEMENT)

APPLICANTS ARE ADVISED TO REVIEW THE REQUIREMENTS FOR EACH METHOD IN ORDER TO DETERMINE UNDER WHICH METHOD TO APPLY.

1.) EXAMINATION CANDIDATES

Indiana will no longer be mailing out the Part III registration form and the Part III Bulletin to candidates. You may now request a Part III registration form and the Part III Bulletin by contacting Prometric at 1-877-302-8952 or via email at nbpmeinquiry@prometric.com.

APPLICATION

Mail completed application along with all required documentation to the Indiana Professional Licensing Agency.

AFFIDAVIT

If you answer "yes" to any of the eight (8) questions on page 3 of your application, the applicant must explain fully in a signed and **notarized** statement, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a one hundred fifty dollar ($150) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **We cannot accept payment by credit card**. ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

NBPME PART III EXAMINATION

Indiana will no longer be mailing out the Part III registration form and the Part III Bulletin to candidates. You may now request a Part III registration form and the Part III Bulletin by contacting Prometric at 1-877-302-8952 or via email at nbpmeinquiry@prometric.com. Please Note: In order to be considered eligible for the Part III portion of the examination, you must have successfully passed Parts I and II.

PHOTOGRAPHS

Applicants must submit two (2) identical photographs of you alone, taken within eight (8) weeks of the submission of the application. The photographs should be 2 x 3 inches in size, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated identification cards, and group photographs will not be accepted.

VERIFICATION OF EDUCATION - TRANSCRIPT

Applicants must submit an official transcript from a Council on Podiatric Medical Education (COPE) approved college or school of podiatric medicine. This original transcript must show that all requirements for graduation have been met and when the degree was conferred.

NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.

NBPME PART III EXAMINATION DATES AND APPLICATION DEADLINE DATES

Part I Test Dates	Prometric Registration Deadline
October 8, 2008	August 29, 2008
July 1, 2009	May 22, 2009
October 7, 2009	August 28, 2009

Part II Test Dates	Prometric Registration Deadline
March 4, 2009	January 23, 2009
May 6, 2009	March 27, 2009

Part III Test Dates	Prometric Registration Deadline
December 3, 2008	October 24, 2008
June 3, 2009	To be determined
December 2, 2009	To be determined

NBPME PART III EXAMINATION CANDIDATES CHECKLIST

THE FOLLOWING DOCUMENTS **MUST** BE SUBMITTED TO THE BOARD OF PODIATRIC MEDICINE IN ORDER FOR YOUR LICENSE TO BE ISSUED:

_____ COMPLETED APPLICATION

_____ AFFIDAVIT - If you answer "yes" to any questions on page 3 of your application, explain fully in a signed and notarized statement

_____ $150 APPLICATION FEE

_____ TWO (2) PHOTOGRAPHS

_____ OFFICIAL TRANSCRIPT - Showing degree has been conferred.

_____ COMPLETION OF AT LEAST A 12 MONTH PROGRESSIVE GRADUATE TRAINING PROGRAM

_____ OFFICIAL NATIONAL BOARD SCORES

_____ PROOF OF CURRENT MALPRACTICE INSURANCE - Submitted within thirty (30) days after licensure is granted.

_____ VERIFICATION OF STATE LICENSURE – Completed by every state where you now hold or have ever held a license to practice podiatric medicine or any other regulated health profession.

_____ NAME CHANGE - Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.

2.) EXEMPTION FROM EXAMINATION CANDIDATES (ENDORSEMENT)

NOTE: Licensure in another state does not guarantee licensure in Indiana.

APPLICATION
Mail completed application along with all required documentation to the Indiana Professional Licensing Agency.

AFFIDAVIT
If you answer "yes" to any of the eight (8) questions on page 3 of your application, the applicant must explain fully in a signed and **notarized** statement, meaning an explanation or statements of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment against you or settled any malpractice action, provide name(s) of plaintiff(s) and circumstances surrounding the case including legal documents. Letters from attorneys or insurance companies are not accepted in lieu of your statement, however they may accompany your affidavit.

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Applicants must submit two (2) identical photographs of you alone, taken within eight (8) weeks of the submission of the application. The photographs should be 2 x 3 inches in size, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated identification cards, and group photographs **will not** be accepted.

VERIFICATION OF EDUCATION - TRANSCRIPT
Applicants must submit an official transcript from a Council on Podiatric Medical Education (COPE) approved college or school of podiatric medicine. This original transcript must show that all requirements for graduation have been met and when the degree was conferred.

NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.

VERIFICATION OF POSTGRADUATE TRAINING
In accordance with IC § 25-29-3-1(4), 845 IAC 1-3-1(a)(12), and 845 IAC 1-3-3, each applicant must have satisfactorily completed at least a twelve (12) months of progressive graduate medical training program that meets the requirements of the Council on Podiatric Medical Education (COPE). Applicants must provide evidence to the Board of progressive graduate training either by the institution or by another entity which was approved by the Council on Podiatric Medical Education.

Proof of progressive graduate training must be submitted as follows:

(1) A notarized copy of your certificate of completion issued by the graduate training program; **OR**

(2) An original letter from the graduate training program director under the seal of the program. (No copies of such letter will be accepted)

ATTENTION APPLICANTS ENROLLED IN 12 + MONTH RESIDENCY PROGRAMS

The Board is now allowing applicants to apply for licensure after the successful completion of a minimum of 12-months of a CPME approved residency program with a letter from your residency director stating that you have successfully completed 12 months of the residency and that you are continuing in the program.

OFFICIAL NATIONAL BOARD SCORES

All parts of the National Board examination must be passed prior to application for the NBPME Part III examination. You may request these scores from:

Thomson Prometric
Attn: NBPME
2000 Lenox Dr., 3rd Floor
Lawrenceville, NJ 08648
(877) 302-8952

The fee for the transfer of your scores is thirty-five dollars ($35.00). You may wish to contact the National Board office prior to your request to verify the correct fee and procedures for transfer.

IN ADDITION TO THE NATIONAL BOARD EXAMINATION: YOU MUST SUBMIT PROOF OF PASSING AN EXAMINATION OTHER THAN THE NATIONAL BOARDS

In accordance with IC § 25-29-4-1(a)(3) each applicant must take and pass a medical licensing examination that is substantially equivalent to the Board's examination. Applicants must submit verification for either of the following:

(1) **STATE BOARD EXAMINATION SCORES** If a state board examination was required, have the State Board verify that an examination was administered and attach subjects, scores, date of the examination and average awarded to the individual; **OR**

(2) **OFFICIAL NBPME PART III EXAMINATION SCORES**. If the applicant sat for the NBPME Part III examination, (also known prior to 1989 as the Virginia State Board examination), request that your official scores be sent directly to our office from the Federation of Podiatric Medical Boards. You may request these scores from:

Federation of Podiatric Medical Boards
6551 Malta Drive
Boynton Beach, FL 33437
(561) 752-3735

The fee for the transfer of your scores is forty-five dollars ($45.00). You may wish to contact the Federation prior to your request to verify the correct fee and procedures for transfer. Scores may also be obtained through electronic order and payment from the Federation's website at www.fpmb.org.

NOTE: In accordance with IC § 25-29-5(b)(2): The board may require an applicant under this section to do the following: (1) appear before the board; or (2) Pass a medical examination, approved by the board, if at least ten (10) years have elapsed since the applicant passed a medical licensing examination.

VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE

Applicants must submit VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS from each state in which you are currently, or have ever been licensed to practice podiatric medicine or any other health profession or occupation. This form must be sent to, and completed by, the state licensing

board in each state and returned directly from the state board(s) to the Indiana Professional Licensing Agency. This form may be duplicated if necessary.

VERIFICATION OF FIVE (5) YEARS OF PRACTICE IN PODIATRIC MEDICINE

In accordance with IC § 25-29-5-1(4), each applicant must present evidence of practicing medicine for at least five (5) years. Applicants must submit a **notarized** affidavit verifying that you have practiced podiatric medicine in another state for at least five (5) years.

VERIFICATION OF MALPRACTICE INSURANCE

In accordance with IC § 25-29-3-1(5) each applicant must have proper medical malpractice insurance. Applicants must submit proof to the Board of medical malpractice insurance before licensure will be granted.

NOTARIZED COPY NOTE

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage license, if your name differs from that on any of your required documents.

ENDORSEMENT APPLICANTS
TEMPORARY LICENSURE INFORMATION

The Board may issue a temporary license to practice podiatric medicine to an applicant who applies by endorsement and submits the following documentation and fees for approval:

1.) A completed application for licensure by endorsement including a photograph and sworn statement if any affirmative answers to the questions on page 3.

2.) An additional fee of $50.00 along with the $150.00 application fee.

3.) Verification of current licensure to practice podiatric medicine in another state. A notarized copy of your current license (billfold license or pocketcard) which shows your license number and expiration date will be acceptable.

A temporary permit expires the earlier of:

1.) the date the applicant holding the temporary license is issued a license; or
2.) the date the board disapproves the applicant's licensure application.

IF APPLYING FOR A TEMPORARY PERMIT, BE SURE TO CHECK THE BOX ON PAGE ONE (1) OF THE APPLICATION.

EXEMPTION FROM EXAMINATION (ENDORSEMENT) CANDIDATES CHECKLIST

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE BOARD OF PODIATRIC MEDICINE IN ORDER FOR YOUR APPLICATION TO BE REVIEWED:

_____ COMPLETED APPLICATION

_____ AFFIDAVIT - If you answer "yes" to any questions on page 3 of your application, explain fully in a signed and notarized statement

_____ $150 APPLICATION FEE

_____ TWO (2) PHOTOGRAPHS

_____ OFFICIAL TRANSCRIPT - Showing degree has been conferred.

_____ COMPLETION OF AT LEAST A 12 MONTH PROGRESSIVE GRADUATE TRAINING PROGRAM

_____ OFFICIAL NATIONAL BOARD SCORES

_____ OFFICIAL STATE BOARD EXAMINATION OR NBPME PART III SCORES

_____ VERIFICATION OF STATE LICENSURE – Completed by every state where you now hold or have ever held a license to practice podiatric medicine or any other regulated health profession.

_____ VERIFICATION OF FIVE (5) YEARS OF PRACTICE IN PODIATRIC MEDICINE

_____ PROOF OF CURRENT MALPRACTICE INSURANCE

_____ NAME CHANGE - Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.