

**2012 APPLICATION INSTRUCTIONS**  
**BOARD OF PODIATRIC MEDICINE**

**APPLICATION FOR A LIMITED LICENSE TO PARTICIPATE IN  
A POSTGRADUATE TRAINING PROGRAM**

This packet should include the following:

- 1.) Two (2) pages of instructions and information
- 2.) A two (2) page application
- 3.) A Postgraduate Training Verification Form
- 4.) A Verification of State Licensure Form

**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 at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at <http://www.in.gov/pla/podiatry.htm>.

**AGENCY ADDRESS**

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

**STATUTE AND RULES**

A compilation of the Licensing Statute (IC § 25-29), the Indiana Professional Licensing Agency Standards of Practice (IC § 25-1-9), and the Rules and regulations (Title 845) are available online at [www.pla.in.gov](http://www.pla.in.gov).

**APPROVED POSTGRADUATE TRAINING PROGRAMS**

Approved postgraduate training programs are those approved by the Council on Podiatric Medical Education.

**FULL LICENSURE APPLICATION REQUEST**

Upon completion of your residency, if you wish to apply for full licensure by examination or endorsement, please contact the Indiana Professional Licensing Agency for an application.

**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 and non-transferable (*Outlined in IC 25-1-8-2(e)*).**

**INDIANA BOARD OF PODIATRIC MEDICINE**

**APPLICATION FOR A LIMITED LICENSE TO PARTICIPATE IN  
A POSTGRADUATE TRAINING PROGRAM**

**APPLICATION**

Mail completed application with the items listed below to the Indiana Professional Licensing Agency:

**AFFIDAVIT**

If you answer "yes" to any of the questions on page 2 of your application, you must explain fully in a signed and **notarized** statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement.

**APPLICATION FEE**

A fifty dollar (\$50) application fee made payable to the Indiana Professional Licensing Agency. ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

**PHOTOGRAPH**

One (1) passport-type photograph taken within the last eight (8) weeks.

**PROOF OF GRADUATION**

You may submit proof of graduation by submitting one (1) of the following documents:

**1. CERTIFICATE OF COMPLETION**

A statement verifying the date that the applicant has completed and will receive his/her diploma will be accepted under the signature and seal of the dean of the school or program.

**2. OFFICIAL TRANSCRIPT**

An official transcript of grades from the school from which you obtained your podiatric degree, which shows that all requirements for graduation have been met by the applicant; or

**3. DEGREE**

A notarized copy of your podiatric degree. (SEE NOTE)

**AFFIDAVIT OF NAME CHANGE**

An official affidavit indicating any legal name change or notarized copy of a marriage certificate is acceptable, if your name differs from that on any of your documents. (SEE NOTE)

**POSTGRADUATE TRAINING FORM**

This form is to be completed by the hospital/Institution Chairperson/Department Head and returned to the Indiana Professional Licensing Agency with the applicant's completed application.

**NOTE REGARDING NOTARIZED COPIES**

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.