



Janet Napolitano
Governor

State Of Arizona Board of Podiatry Examiners
1400 W. Washington, Ste. 230
Phoenix, AZ 85007 www.podiatry.state.az.us
(602) 542-3095 Fax: 542-3093

**APPLICATION FOR A PODIATRY LICENSE
TO PRACTICE AS A
DOCTOR OF PODIATRIC MEDICINE IN THE STATE OF ARIZONA**

I, _____, hereby make application to the State of Arizona Board of Podiatry Examiners for a physicians license to practice as a doctor of podiatric medicine in accordance with Title 32, Chapter 7, Arizona Revised Statutes 32-822, et.seq., and the Arizona Administrative Code Rules Chapter 25, R4-25-201, et. seq., adopted by the Board. I understand the filing of this application grants the Board the authority to obtain information from any licensing board or agency in any state of the United States or another country. I understand that I shall make an oath as the contents of my application and the credentials submitted to the Board and acknowledge that falsification of any item or response in my application to the Board is adequate cause to deny this application or to hold a hearing by the Board to revoke a license, if a license is issued to me, and that the Board may report such falsification of information to other licensing agencies.

You Must Properly Designate The Category Of Your Application:

- Application to take the Full Written Examination including an Oral examination.
- Application to take the Oral examination only.
- Application by Comity of my license issued by the State of _____
or County of _____ by my having passed a full written examination.

Application Fee: \$900.00 For Written Examination **(Paid directly to NBPME Examinations)**

Application Fee: \$450.00 For Oral Examination **(Paid directly to the AZ. State Board of Podiatry Examiners)**

Application Fees are not refundable under any circumstance.

Applications and all Documents submitted with the application become the property of the State of Arizona and are not returned to the applicant "Please do not submit any original documents"

THIS APPLICATION SHALL BE SUBMITTED WITH ALL QUESTIONS ANSWERED

1. Legal Name _____
Last First Middle other names
know by: _____
(Including maiden, any and all former names)

2. Residence _____
(This will be public information if no other address is given)

Address _____
City State Zip

3. Telephone Home (____) _____ **4. Cell:** (____) _____

5. Business Name & Address _____
(Street address include apartment numbers)

City State Zip

6. Business Telephone (____) _____ **7. Date of Birth:** ____ \ ____ \ ____
Month day year

Place of Birth: _____, _____, _____
City Country State

Are you a US Citizen? [] Yes [] No Are you a legal resident authorized to work in the United States?
[] Yes [] No You must submit proof of citizenship and or legal resident status with your application.
i.e. birth certificate, green card. Evidence of US Citizenship form must be filled out.

8. Social Security Number ____ \ ____ \ ____

9. Podiatric Medical School Graduated From:

Name _____

Address _____

City State Zip

Date of Entrance: ____ \ ____ \ ____ **Graduation Date:** ____ \ ____ \ ____

10. Internship, Residency Training in Podiatric Medicine:

Name of Facility _____

Address _____

City State Zip

11. List in chronological order all other colleges and higher degree institutions attended: (Attach separate sheet to this page if necessary).

Name and Address Of Institution	Years From - To	Date Graduated	Diploma or Certificate
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12. List below all professional licensing boards and agencies, their addresses; and your license or certificate number which you currently are licensed by, or were licensed by at any time; and any licensing board or agency which refused to grant you a license or a certificate. If none, so state.

Name and Address of Board / Agency	Date License / Certificate Was Issued or Denied	License / Certificate Number Issued To You	Current Status Active / Inactive
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13a. Have you taken the PMLEXIS examination? [] YES [] NO
If yes, give the results and grade: [] Failed [] Passed Grade Average: _____

13b. If NOT, you are required to ask for the form from the State Board:
“PMLEXIS Request for examination” form for notification to take the exam and pay the fees
directly to them. Do you need a form sent to you?[] YES [] NO

14. Have you taken the National Board Examinations?[] YES [] NO
If yes, give the results and grade: [] Failed [] Passed Grade
Average Part I:_____ [] Failed [] Passed Grade Average Part II:_____ [] Failed [] Passed

15. List all professional associations whom you are associated with:

Name of Association and Address	Current Membership Status
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16. You are required to answer each of the questions asked below:

- a. Do you have a professional record which indicates that you have committed any act or engaged in any conduct which would constitute grounds for disciplinary action against you under Chapter 7, Title 32, Arizona Revised Statutes? [] YES [] NO
- b. Do you have a professional record which indicates that you have had a license to practice podiatry refused, revoked, suspended or restricted in any way by any other state, federal jurisdiction or country for reasons which relate to your ability to competently and safely practice podiatry?.....[] YES [] NO
- c. Has there ever been a complaint filed against you by a State or County Society?.....[] YES [] NO
- d. Have you ever been charged and/or convicted with a misdemeanor or felony by any authority such as city, county or state? (Do not include traffic violations unless such violation was concerned with drunk-driving, manslaughter, or reckless driving).....[] YES [] NO
- e. Do you have a police record of any kind?..... [] YES [] NO

- f. Have you ever been the subject in a malpractice suit?.....[] YES [] NO
- g. Are you presently in good physical and mental health?.....[] YES [] NO
- h. Do you have any limiting physical disabilities that would interfere with normal podiatry practice?[] YES [] NO
- i. Have you ever been treated for the use of or the abuse of any substance?.....[] YES [] NO

17. If the response to question 16 a. through 16 i. is checked YES or question 16 g. is checked NO, the applicant is required to file with this application a signed detailed report of the situation or the health condition; the violation of law; date of such charge; the complete name and address of all bodies of jurisdiction or authority; the results of any hearing; and the disposition of such violation or charge.

18. In the past five years have you been involved in:

- a. The active practice of podiatric medicine?.....[] YES [] NO
- b. The study of podiatric medicine at a school of podiatric medicine?.....[] YES [] NO
- c. An internship or residency training program in podiatric medicine?.....[] YES [] NO

19. Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

_____, being first duly sworn upon his oath
(Name of Applicant)

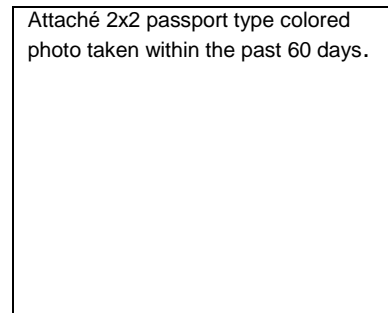
deposes and says: that he/she is the person named in this application; that he/she has read the application and knows the contents thereof to be true; that he/she is the person named in the diploma accompanying this application and to whom said diploma was issued; that he/she is the lawful holder thereof and that the same was procured in the regular course of instruction and examination, without fraud or misrepresentation; that he/she is the person who subscribed to the above application and that the facts therein stated are true.

Signature of Applicant _____

(Notary Seal)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public Signature _____ **My Commission expires** _____



Title II Of The Americans With Disabilities Act Prohibits The Board Of Podiatry Examiners From Discriminating On The Basis Of Disability In Its Examinations. Individuals With Disabilities Who Need A Reasonable Accommodation To Take This Examination, Or Who Require This Information In An Alternate Format May Contact The Executive Director At Least 72 Hours Prior To The Examination Date.