

LICENSE INFORMATION FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

MINIMUM REQUIREMENTS TO APPLY FOR A LICENSE

- ❖ To be eligible for licensure in the state of California as a Doctor of Podiatric Medicine, applicants must have graduated from an approved college or school of podiatric medicine approved by the California Board of Podiatric Medicine (BPM).
- ❖ Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board. A license issued by the Board may be suspended if state tax obligation is not paid. Disclosure of your United States Social Security Number or Individual Taxpayer Identification Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(c)) authorize collection of your social security number. *Reporting a number on your Application that is not your U.S. Social Security Number or Individual Taxpayer Identification Number may be grounds for denial of licensure.*

GENERAL INFORMATION

- ❖ As an applicant, you personally are responsible for all information disclosed on your Application, Forms P1A – P1F, including any responses that may have been completed on your behalf by others. An application may be denied based upon omissions, falsification or misrepresentation of any item or response on the application or any attachment. The California Board of Podiatric Medicine considers violations of an ethical nature to be a serious breach of professional conduct.
- ❖ Processing Times: Application materials are processed in the date order in which the application is received in our office. All application forms and supporting materials are stamped with the date and time received. Generally, you should anticipate receiving written correspondence confirming status of the application for licensure within 15 days of submission of the application.
- ❖ Fingerprints: Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. You will need to use the *Request for Live Scan Service* form included in this Application packet or on our website. Please refer to the following website for a listing of Live Scan facilities in California: <http://ag.ca.gov/fingerprints/publications/contact.php>.

Applicants residing outside California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. If fingerprint cards are needed, please call our office at (916) 263-2647 and they will be mailed to you. All personal data must be completed on the fingerprint cards.

If you have ever been convicted of a misdemeanor or felony, the record of the conviction will be reported to the Board as a result of your fingerprint inquiry. *Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Doctor of Podiatric Medicine License.*

- ❖ **Convictions:** Note that convictions that were adjudicated in juvenile courts or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older should not be reported. Convictions expunged or set aside pursuant to section 1203.4, 1203.4a or 1203.41 of the California Penal code or equivalent non-California law **MUST** be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application. The Board receives information regarding convictions that have been expunged.
- ❖ **Grounds for Denial:** Each applicant's credential for podiatric licensure in California are reviewed on an individual basis. The Board has the authority to deny licensure based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license, or inability to practice medicine safely.

APPLICATION INFORMATION

Listed below are the application and supporting material requirements for licensure as a California Doctor of Podiatric Medicine. This list is not all-inclusive as additional information may be necessary based on responses provided on your Application or information obtained from other entities. Please refer to the *License Application Checklist* and our website for further detailed information regarding each requirement.

<input checked="" type="checkbox"/>	Application for Doctor of Podiatric Medicine (Form P1A-P1F) Complete, certify and submit with a photograph.
<input checked="" type="checkbox"/>	Background clearance Copy of Live Scan Request form (CA resident) or Two Fingerprint Cards (outside CA).
<input checked="" type="checkbox"/>	Application fees of \$69 This includes fees for application processing and background clearance. Please make check or money orders payable to the <i>CA Board of Podiatric Medicine</i> . Unfortunately, at this time we are unable to accept credit card transactions.
<input checked="" type="checkbox"/>	Official Pre-professional Postsecondary Education transcripts (from all colleges or universities attended) (Form P2) An original official school transcript, prepared on university letterhead affixed with the signature of the dean or registrar and the school seal is required. A transcript is required from each school of attendance. <i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i>
<input checked="" type="checkbox"/>	Official Podiatric Medical Education transcripts (Form P2) An original official medical school transcript, prepared on university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all of the basic science and clinical courses completed during the medical curriculum is required. A transcript is required from each school of attendance. <i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i>

☒	<p>License Verification/Letter of Good Standing by State Licensing Agency (if applicable) (Form P3)</p> <p>Forward this form to licensing agencies by any state or country in which you have held a medical license, including temporary or limited/resident licenses.</p> <p>Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.</p>
☒	<p>Certificate of Approved Residency Training (Form P4A – P4B)</p> <p>Forward this form to your Residency Director for completion and return directly to the Board. In lieu of this form, your Residency Director may prepare a letter on official letterhead with original signature, verifying completion of the program.</p> <p>Certification must be completed by each residency program and mailed directly from the residency program to the Board to be acceptable.</p>
☒	<p>Official American Podiatric Medical Licensing Examination (APMLE) Parts I, II & III (PMLexis) Scores (Forms P5 & P6)</p> <p>Parts I & II – resident license; Parts I, II & III for permanent license</p> <p>Each score report must be an original, official score report mailed directly from FPMB to the Board to be acceptable.</p>
☒	<p>Memorandum of Understanding for Approved Residency Program Participation <u>or</u> Memorandum of Understanding for “Candidate Status” Residency Program Participation (Form 7A or P7B)</p> <p>Complete and send in with your application acknowledging your participation a residency program.</p>
☒	<p>Disciplinary Databank Report</p> <p>Request this report directly from the Federation of Podiatric Medical Boards (FPMB) website at www.fpmb.org.</p> <p>This report must be mailed directly from FPMB to the Board to be acceptable.</p>
☒	<p>Explanation to Question # ____ (if applicable)</p> <p>The <i>Explanation to Questions # ____</i> form may be used to provide a detailed written explanation for a “yes” response to a question on the application. The Board will also accept a signed and dated letter of explanation.</p>
☒	<p>Birth Month Licensure Request</p> <p>Complete the <i>Birth Month Request</i> form and submit it with your application.</p>
☒	<p>License fees:</p> <p>Resident/Limited License fee \$60</p> <p>Permanent License \$900</p> <p>This fee is payable upon meeting all licensure requirements or at any point during the application process. Please make check or money orders payable to the <i>CA Board of Podiatric Medicine</i>. Unfortunately, at this time we are unable to accept credit card transactions.</p>