

CRIMINAL RECORD HISTORY continued			BPM Use Only
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| 42. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 43. Are you a registered sex offender?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

PRACTICE IMPAIRMENT OR LIMITATIONS
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**If you give an affirmative answer to any of the questions below, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are eligible for licensure.**

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|---|------------------------------|-----------------------------|--------------------------|
| 44. Have you ever enrolled in, been required to enter into, or participated in any drug, alcohol, or substance abuse recovery program or impaired practitioner program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 45. Have you ever been treated for or had a recurrence of a diagnosed addictive disorder?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 46. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice podiatric medicine safely?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 47. Have you ever been diagnosed with a neurological or other physical condition that may impair your ability to practice podiatric medicine safely?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 48. Do you have any other condition that may in any way impair or limit your ability to practice podiatric medicine safely?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 49. Do you suffer from a progressive disorder or a health condition that will likely result in a general decline in health or function that may impair or limit your ability to practice podiatric medicine safely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

**A "yes" response to questions 44 – 49 requires a signed and dated written explanation.**

**Applicants who answer "NO" to the questions on this application, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.**

**For each conviction disclosed, remember you must submit certified copies of the arresting agency report, certified copies of the court documents, including a plea form and court docket, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e. dates and location of the incident and all circumstances surround the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.**

**As a reminder, if an affirmative answer is given to any of the questions on this application, the Board will make an individual assessment of the nature, the severity and the duration of the situation and circumstances.**

**FINGERPRINT CLEARANCES FROM BOTH THE DEPARTMENT OF JUSTICE AND THE FEDERAL BUREAU OF INVESTIGATIONS MUST BE RECEIVED PRIOR TO THE ISSUANCE OF A DOCTOR OF PODIATRIC MEDICINE LICENSE IN CALIFORNIA**

If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.