



Katie Hobbs,
Governor

Arizona State Board of Podiatry Examiners

1740 West Adams St., Suite 3004

Phoenix, Arizona 85007

P: (602)542-8151

**THE ARIZONA STATE BOARD OF PODIATRY EXAMINERS PETITION FOR CRIMINAL
CONVICTIONS AND/OR CHARGES REVIEW FOR STATE LICENSE**

*Pursuant to A.R.S. § 41-1093.04 a person with a criminal record may petition the Arizona State Board of Podiatry Examiners (Board) prior to submitting an application for licensure for a determination of whether the person’s criminal history disqualifies the person from obtaining a license. The Board will review the Petition and make a determination within 90 days whether the Petitioner’s criminal record disqualifies Petitioner from licensure. If you are interested in doing so, please complete this form. **PLEASE NOTE:** Any determination made by the Board pursuant to A.R.S. § 41-1093.04 is limited to whether the disclosed criminal history disqualifies the person from licensure. In order to obtain a license, pursuant to A.R.S. § 32, Chapter 7, Article 2, the person must submit a completed application to the Board. Upon its receipt, the Board will review the application for purposes of determining whether the person meets all of the requirements for licensure as set forth in its statutes and regulations.*

SECTION I: Petitioner Information

Full Name: _____

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

SECTION II: Self-Disclosure of Criminal Convictions and/or Charges

List a description of all criminal convictions and pending criminal charges including the nature and date of the offense(s). Incomplete, missing or inaccurate information may be cause for denial or rejection of the petition and subsequently denial of licensure. Please attach all documents associated with the listed criminal convictions and pending criminal charges. Petitioner must disclose and submit their entire criminal record. See A.R.S. §41-1093.04 (B)(1). List the case numbers, charges, and court information for each conviction and also whether it was a felony or misdemeanor.

I have been convicted of, or pled guilty or no contest to, or am the subject of a finding of guilt by a judge or jury of the following crime(s):

SECTION III: Required Documents

Failure to submit required documents will not enable the Board to perform a review of the Petition, and the Petition will be rejected as incomplete. The Petitioner must submit the following documents for each and every conviction in Petitioner's criminal record:

- A copy of the charging document (typically called the indictment or complaint);
- A copy of the court's findings or plea agreement;
- A copy of the presentence report;
- Documentation of the sentence received;
- Documentation showing the sentence was served or completed;
- Documentation showing satisfaction of restitution (if applicable); and
- A copy of the order restoring civil rights or setting aside a conviction (if applicable)

SECTION IV: Additional Information (OPTIONAL)

The Petitioner may submit the following additional documents:

- A letter explaining:
 - (1) The circumstances of the conviction; and
 - (2) Steps taken to avoid those circumstances in the future.
- Letters of reference from the business community, personal community, employers, and/or victims of criminal acts.
- Documents showing completion of an addiction/recovery or other relevant program; and
- Documents showing a personal, professional, or educational achievement after the conviction.

SECTION V: Submitting the Petition

The Petitioner may submit a Petition for Review of Criminal Record through one of the following methods:

Mail this Petition to:

Deliver this Petition to:

Email this Petition to:

Arizona State Board of
Podiatry Examiners
1740 W. Adams St., Suite 3004
Phoenix, Arizona 85007

Arizona State Board of
Podiatry Examiners
1740 W. Adams St., Suite 3004
Phoenix, Arizona 85007

heather.broadus@podiatry.az.gov

SECTION VI: Signature

Disclosures:

- a. I hereby give my permission for the Board to secure additional information concerning me, or any of the statements in this petition, from any person or any source the Board deems necessary.
- b. I hereby authorize, request and direct any person, firm, law enforcement agency, officer, corporation, association, organization or institution to release to the Board any files, documents, records or other information pertaining to the undersigned requested by the Board, or any of its authorized representatives in connection with processing my petition.
- c. I hereby release the aforementioned person, firm, law enforcement agency, officer, corporation, association, organization and institution from any liability with regard to the above referenced disclosures.
- d. I further authorize the Board to disclose to any person, firm, law enforcement agency, officer, corporation, association, organization or institution any information, which is material to my petition, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
- e. I further agree to submit to questioning by the Board or any member thereof and to substantiate my statements if desired. I understand that the information provided in this petition may be discussed in an open meeting before the Board. I authorize the Board to discuss any information provided in this form and release the Board from any liability with regard to inspecting, discussing or reviewing any information in this petition.

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete to the best of my knowledge and belief. I understand that any false, misleading or incomplete statements made herein, including, without limitation, any failure to accurately report my criminal history may result in the denial of my petition as well as an application for licensure I may submit in the future.

Printed Name: _____

Date: _____

Signature: _____

BOARD USE
DATE RECEIVED _____

BOARD USE
DATE BOARD APPROVED _____