



Katie Hobbs,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

1740 West Adams St., Suite 3004
Phoenix, Arizona 85007
P: (602)542-8151
W: <https://podiatry.az.gov>

INITIAL APPLICATION INSTRUCTIONS AND INFORMATION

Dear Applicant:

Please read the following information carefully and completely

Applications may be submitted for a regular license, license by comity (reciprocity) or, license by universal recognition. Please note the application form contains six (6) pages. All applications must be completed, signed and submitted with the application/exam fee of \$650.00 paid directly to the Arizona State Board of Podiatry Examiners (“Board”). The application fee includes the fee to dispense drugs and/or devices. The following supplemental documentation **must be received** as part of your application and the accompanying fee.

Supplemental Documentation for New Applicants:

1. Two passport-type photographs of the applicant taken not more than six months before the date of application. Actual photographs that are passport quality must be submitted.
2. A photocopy of the diploma issued to the applicant upon completion of podiatric school.
3. A photocopy of the residency certificate issued to the applicant upon completion of residency or a letter from the program director indicating your completion date of the residency. **Please note: The Board cannot accept post-dated certificates as proof of successful completion of an applicant’s residency;**
4. National Practitioner Data Bank self-query report, www.npdb.hrsa.gov
5. Documentation related to any question in which you answered “yes” to any question in section 11 of the application;
6. A completed “Statement of Citizenship” form **and** required evidence (must include a government issued document with a photograph), <https://podiatry.az.gov/forms/statement-citizenship>
7. You must possess a valid fingerprint clearance card.
8. The following documents are direct source only¹ documents:
 - a. Official transcript(s) from the podiatric medical school(s) attended;
 - b. Official transcripts of your examination scores of a national board of examination in podiatry; and
 - c. License verification(s) from any other state(s) where licensure is or has been held.

Supplemental Documentation for Comity Applicants:

1. Two passport-type photographs of the applicant taken not more than six months before the date of application. Actual photographs that are passport quality must be submitted.
2. A photocopy of a current podiatric license in good standing issued in another state or jurisdiction;

¹ “Direct source only” means that the documents must be submitted to the Arizona State Board of Podiatry Examiners directly from the issuing agency/entity and **cannot** be submitted by the applicant.

3. Written documentation of having been engaged in the practice of podiatric medicine for five (5) of seven (7) years immediately preceding this application.
4. National Practitioner Data Bank self-query report, www.npdb.hrsa.gov
5. Documentation related to any question in which you answered “yes” to any question in section 11 of the application;
6. A completed “Statement of Citizenship” form **and** required evidence (must include a government issued document that has a photo)
7. You must possess a valid fingerprint clearance card.
8. The following documents are direct source only² documents:
 - a. Official transcripts of your examination scores of a national board of examination in podiatry; and
 - b. License verification(s) from any other state(s) where licensure is or has been held.

Supplemental Documentation for universal recognition Applicants:

1. Two passport-type photographs of the applicant taken not more than six months before the date of application. Actual photographs that are passport quality must be submitted.
2. Written documentation of having been licensed as a podiatrist in another jurisdiction for at least one year
3. Documentation verifying that you have established residency in Arizona. Acceptable documentation may include the following:
 - a. A valid Arizona driver’s license
 - b. A current Arizona motor vehicle registration
 - c. Proof of filing Arizona income taxes in the most recent tax year
 - d. Arizona voter registration
 - e. Documentation of a mortgage for primary Arizona residence
 - f. A dated residential rental contract with proof of payment
 - g. Proof of major banking services in Arizona
 - h. Proof of establishment of Arizona utilities
 - i. Proof of enrollment of children in Arizona schools
 - j. Documentation demonstrating a change in permanent address on all pertinent records
 - k. Military Form 2058
4. National Practitioner Data Bank self-query report, www.npdb.hrsa.gov
5. Documentation related to any question in which you answered “yes” to any question in section 11 of the application;
6. A completed “Statement of Citizenship” form **and** required evidence (must include a government issued document that has a photo)
7. You must possess a valid fingerprint clearance card.
8. The following documents are direct source only³ documents:
 - a) License verification(s) from any other state(s) where licensure is, or has been held. The license verification must include the following information:
 - License issuance and expiration date
 - License status (disciplinary action, complaints)

² “**Direct source only**” means that the documents must be submitted to the Arizona State Board of Podiatry Examiners directly from the issuing agency/entity and **cannot** be submitted by the applicant.

³ “**Direct source only**” means that the documents must be submitted to the Arizona State Board of Podiatry Examiners directly from the issuing agency/entity and **cannot** be submitted by the applicant.

- License number
- Public address
- Whether minimum education requirements were met at the time of licensure
- Whether a residency was completed satisfactorily
- Whether there was a passing score on all national and jurisdiction exams (if applicable)

After your application is received, Board staff will review your application materials and notify you, in writing, of any deficiencies. If deficient, your application will be held until all supplemental documentation is received and all deficiencies are remedied. Once all necessary information is received, you will be notified, in writing, that your application is complete. The next step will be for the Board to review your application and vote whether or not to approve or deny your application.

After, your application has been approved you must submit the license issuance fee of \$225.00 within one (1) year from the date of your approval. If you do not submit the license issuance fee during that time, your application will be considered withdrawn. If you wish to obtain a podiatric license in the State of Arizona after that time, you will be required to start the application process over again.

NOTICE REGARDING TIME FRAMES FOR REVIEWING AND APPROVING NEW LICENSE APPLICATIONS

There are three time frames involved in reviewing your license application. The first is called the “Administrative Completeness Review” and is defined as, “the number of days from the agency receipt of an application until the agency determines that the application contains all components required by statute or rule, including all information required to be submitted by other agencies/entities.” (A.R.S. §41-1072(1)). Under the Board’s regulations, Board staff will complete this review within 30 days from the date of receipt. If, after this review, Board staff notes any deficiencies within your application materials, the administrative time period is suspended from the date of notice to you of your deficiencies.

The second time period is the “Substantive Review” and is defined as, “the number of days after the completion of the Administrative Completeness Review time frame during which an agency determines whether an application or applicant for a license meets all substantive criteria required by statute or rule.” (A.R.S. §41-1072(3)). Under the Board’s regulations, the Board and its staff has 60 days to complete this review. Again, the Board may or may not identify deficiencies or request additional information. If you are notified, in writing, of any deficiencies or requests, during this period, the time period is suspended from the date of the Board’s notice until all information is received.

Together, these time periods are known as the “Overall Time Frame” (A.R.S. §41-1072(2)). If the Board fails to issue you a written notice either approving or denying your application, or notifying you of a deficiency, within the Overall Time Frame, we are required to refund your application fee (A.R.S. §41-1077).

PLEASE NOTE: All fees are non-refundable, pursuant to A.A.C. R4-25-103.

OTHER CONTACT INFORMATION:

American Podiatric Medical Licensing Examination

<http://www.apmle.com>

Federation of Podiatric Medical Boards

<http://www.fpmb.org>



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APPLICATION FOR A PODIATRIC LICENSE

Pursuant to A.R.S. §§ 32-822, 32-825 and 32-827 the applicant shall file with the Board of Podiatry examiners, an application, accompanied by the required fee of \$650.00. Payment can be made online or by check, cashier’s check or money order made payable to the Arizona State Board of Podiatry Examiners. Please be advised, all application materials become the permanent property of the Board and will not be returned. Pursuant to A.R.S. § 41-1080.01, if your *family income* does not exceed 200% of the Federal Poverty Guidelines, you may qualify for a one-time waiver of the Board’s application/exam fee of \$650.00. If you think you may qualify for this fee waiver, please check here and enclose a copy of your family’s previous year’s federal tax return.

1. PERSONAL DATA

_____ Last Name _____ First Name _____ Middle _____

Male Female Military/Veteran and/or, Military/Veteran Spouse

Please list all other names, including former/maiden or other aliases:

_____ Social Security Number _____ Date of Birth _____

2. RESIDENTIAL ADDRESS

_____ Street Address _____ Phone Number (include area code) _____

_____ City _____ State _____ Zip Code _____ Country _____

_____ Email Address _____ Fax (include area code) _____

3. EMPLOYER ADDRESS (CURRENT)

_____ Name of Employer _____

_____ Street Address _____ Phone Number (include area code) _____

_____ City _____ State _____ Zip Code _____ Country _____

_____ Email Address _____ Fax (include area code) _____

ADDRESS OF RECORD

Which one of the above addresses would you like to be your public address (address of record)? This will be the address and telephone number that will be posted on the Board's website. Any changes must be in writing and include a signature and date.

Residential OR Business

Which one of the above addresses would you like to be your mailing address? This will be the address and telephone number that the Board will utilize for sending you correspondence. Any changes must be in writing and include a signature and date.

Residential OR Business

4. TYPE OF LICENSE APPLYING FOR:

_____ I wish to apply for the regular podiatric license.

_____ I wish to apply for a podiatric license via universal recognition. *(Pursuant to HB2569, in order to apply via universal recognition you must have established residency in Arizona, you must have held a license in another jurisdiction, and at the same practice level as Arizona, for at least one year, you must have passed any and all exams required by the jurisdiction in which you hold your license, you must have completed a residency, and your license must be in good standing with no pending complaints). You must attach documentation that verifies you are an Arizona resident. Please see the instruction page for further instructions and a list of documentation that can be submitted.*

_____ I wish to apply for a podiatric license via comity. *(Pursuant to A.A.C. R4-25-302, in addition to all the following, please provide a photocopy of a current podiatric license in good standing issued in another state or jurisdiction; and written documentation of having been engaged in the practice of podiatric medicine for five of seven years immediately preceding the application).*

Please tell us how you want your name printed on your podiatric license.

5. FACILITY OF INTERNSHIP OR RESIDENCY IN PODIATRIC MEDICINE

Name of Facility

Type of Facility

Street Address

Phone Number (include area code)

City

State

Zip Code

Country

From: _____
Dates of Internship/Residency

To: _____
Completion Date

6. EDUCATION* (Excluding Podiatric Medical Education – see below)

Please list the name(s) and address(es) of each university or college from which you graduated, dates of attendance, date of graduation and degree received.

University/College	Address	Dates Attended MM/YY to MM/YY	Graduation MM/YY	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Attach an additional page if necessary

7. PODIATRIC MEDICAL EDUCATION

Please list the name and address of the podiatric medical school from which you graduated, dates of attendance and date you received your podiatric degree. Please make arrangements to have your official transcripts delivered to the Board’s office.

Podiatric School	Address	Dates Attended MM/YY to MM/YY	Graduation MM/YY
_____	_____	_____	_____
_____	_____	_____	_____

8. WORK EXPERIENCE

Please list the name of each state or jurisdiction in which you are currently or have been licensed as a podiatrist and the name and address of the licensing agency. Please make arrangements to have each licensing agency send the Board a verification of your license for each State or Jurisdiction you have been licensed.

State or Jurisdiction	Name and Address of Licensing Agency
_____	_____
_____	_____
_____	_____
_____	_____

9. CITIZENSHIP STATUS

Are you a United States Citizen? Yes or No

If no, what is your immigration status? _____

All APPLICANTS MUST complete the [Statement of Citizenship Form](#) and supply the appropriate supportive documentation as required by the form. The form can be found on the Board's website, <https://podiatry.az.gov>, under the "Forms" tab.

10. EXAMINATION

Please make arrangements to have a transcript of your examination scores of a national board examination in podiatry sent directly to the Board office by the professional examination service preparing the examination. For questions regarding the examination, please contact [the American Podiatric Medical Licensing Examination](#). (Not applicable if applying by universal recognition)

- a. Have you taken and passed a national podiatric examination in any state?
Yes or No
- b. If yes, when did you pass the final part of examination?

11. PROFESSIONAL CONDUCT

- a. Have you ever been convicted of a felony or misdemeanor involving moral turpitude?
Yes or No
- b. Have you ever had an application for a license, certification or registration, other than a driver's license, denied or rejected by any State or Jurisdiction? Yes or No
- c. Have you ever had a license, certification or registration, other than a driver's license, suspended or revoked by any State or Jurisdiction? Yes or No
- d. Have you ever entered into a consent agreement or stipulation with any State or Jurisdiction? Yes or No
- e. Have you ever committed any act, or engaged in any conduct, which would constitute grounds for disciplinary action against you pursuant to Arizona Revised Statutes, Title 32, Chapter 7? Yes or No
- f. Have you ever been named as a Defendant in any medical malpractice matter that resulted in a settlement or judgment against you? Yes or No
- g. Do you currently have any medical condition that in any way impairs or limits your ability to practice podiatric medicine? Yes or No
- h. Have you ever had your privileges to practice at any healthcare institution restricted, sanctioned, withdrawn or revoked whether voluntarily or involuntarily? Yes or No
- i. Have you ever had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, restricted or denied, or have you ever surrendered such a registration in lieu of formal action? Yes or No
- j. Have you ever had your participation in any insurance reimbursement program, whether private or government, revoked or withdrawn? Yes or No
- k. If you were enrolled in a public or private medical program in Arizona, Did you take at least three hours of opioid-related clinical education? Yes or No or NA
- l. Do you possess a valid fingerprint clearance card? Yes or No

NOTE: (If you answered “yes” to any of the questions in section 9 (excluding k), you must attach to this application a written, narrative explanation of your answer(s), which must include all relevant dates, locations, and names of persons, facilities and jurisdictions. You must also attach copies of all related documents such as police reports, criminal convictions/plea agreements, disciplinary actions, malpractice settlements or judgments, etc.)

Arizona Revised Statute § 32-3208 requires that an applicant for licensure or certification as a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after submitting the application must notify the regulatory board in writing within ten working days after the charge is filed.

With respect to licensing decisions, please note that A.R.S. §41-1030 provides that:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency’s adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

With respect to licensing, please note that A.R.S. §41-1093.01 provides that:

An agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to Sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes. You have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.

Pursuant to section 32-4302, Arizona Revised Statutes, a person shall be granted an occupational or professional license or certificate if the person has been licensed or certified in another state for at least twelve months, the license or certificate is in the same discipline and at the same practice level as the license or certificate for which the person is applying in this state and the person meets other conditions prescribed by section 32-4302, Arizona Revised Statutes.

AFFIRMATION

I, _____, declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the statutes and rules regarding licensure; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Podiatric Medicine as prescribed by this application; that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all hospitals, institutions or organizations, any references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Podiatry Examiners or its successors any information, files or records, including personal medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application, or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of podiatry. I further authorize the Arizona Board of Podiatry Examiners or its successors to release to the organizations, individuals or groups listed above any information, which is material to the application or any subsequent licensure. I hereby release the Arizona State Board of Podiatry Examiners from any liability arising out of the furnishing or inspection of such information. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

Applicant's Signature

Executed on [Date]

ATTACH TWO PHOTOS HERE:



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INITIAL REGISTRATION TO DISPENSE DRUGS AND DEVICES

A licensed podiatrist in Arizona is authorized to dispense drugs and/or devices. If you intend to dispense drugs and/or devices in Arizona please complete the below information.

1. PERSONAL DATA

Last Name

First Name

Middle

2. DEA, DISPENSING LOCATIONS, DRUGS AND DEVICES (if applicable)

Do you hold a current United States Drug Enforcement Administration (“DEA”) Certificate of Registration* issued by the Department of Justice under 21 U.S.C. 801, *et seq.* to dispense drugs and/or devices? Yes or No

Please enter your DEA registration number: _____ and

Expiration Date: _____

**You must include a copy of your DEA Certificate of Registration.*

3. Please list the address of each location where you intend to dispense drugs and/or devices:

1. _____
Name of Employer

City

State

Zip Code

2. _____
Name of Employer

City

State

Zip Code

3. _____

Name of Employer

Street Address

Phone Number (include area code)

City

State

Zip Code

4.

Name of Employer

Street Address

Phone Number (include area code)

City

State

Zip Code

4. Please list the types of drugs and/or devices you intend to dispense:

DRUGS:

DEVICES:

_____	_____
_____	_____
_____	_____
_____	_____

**Please include a separate page for more locations, drugs and/or devices.*

I, _____, declare under penalty of perjury that the foregoing is true and correct. I understand that a registration to dispense drugs and/or devices is required prior to dispensing any controlled substances, prescription-only drugs and/or devices. I understand that this registration must be renewed annually and that I have read the requirements for prescribing and dispensing pursuant to A.R.S. § 32-871 and A.A.C. R4-25-603. I affirm that the information contained in this registration form is true and correct to the best of my knowledge and that any false statement herein could result in the suspension, revocation or other disciplinary action against my podiatry license.

Applicant's Signature

Executed on [Date]