





**5. 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
_____	_____	_____	_____
_____	_____	_____	_____

**6. 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
_____	_____
_____	_____
_____	_____
_____	_____

**7. CITIZENSHIP STATUS**

Are you a United States Citizen?

If not, 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.**

**8. 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](#).

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

## **9. 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

**NOTE: (If you answered "yes" to any of the questions in section 9, 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.)**

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**Arizona Revised Statutes § 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.**

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**AFFIRMATION**

I, \_\_\_\_\_, being first duly sworn upon my oath, depose and say: that 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**

\_\_\_\_\_  
**Date**

**NOTARY**

State of \_\_\_\_\_

**(Notary Seal Here)**

County of \_\_\_\_\_

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Date Commission Expires**

**ATTACH TWO PHOTOS HERE:**