



Douglas A. Ducey,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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INITIAL APPLICATION INSTRUCTIONS AND INFORMATION

Dear Applicant:

Please read the following information carefully and completely

Applications may be submitted for a regular license or license by comity (reciprocity). Please note the application form contains five (5) pages. All applications must be completed, signed and submitted with the application/exam fee of \$450.00 paid directly to the Arizona State Board of Podiatry Examiners (“Board”). The deadline to submit an application is ninety (90) days prior to the date of the next “oral” exam. Your application and fee **must be received** in the Board’s office by close of business on the 90th day or earlier. Regardless of the postmark date, applications that are not received in the Board’s office by the 90th day will not be considered until the following application cycle. Please refer to the Board’s website for examination and deadline dates.

The following supplemental documentation **must be received** as part of your application and the accompanying fee. However, you, or any third party, are permitted to submit the following supplemental information up to thirty (30) days prior to the “oral” exam date. If all the following supplemental information is not received by close of business on or before the 30th day, you will not be permitted to sit for the exam and will be required to wait for the next or future exam dates.

Supplemental Documentation for New Applicants:

1. Two passport-type photographs of the applicant no larger than 1½ x 2 inches taken not more than six months before the date of application. Actual photographs must be submitted. Home-printed photos on non-photo paper are not acceptable;
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 letter from the program director indicating your completion date of the residency. Please note: an Arizona podiatric license will not be granted until the receipt of a copy of your residency certificate;
4. National Practitioner Data Bank self-query report;
5. Documentation related to any question in which you answered “yes” to any question in section nine (9) of the application;
6. A completed “Statement of Citizenship” form ([available here](#)) **and** required evidence;
7. 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) ([available here](#)) from any other state(s) where licensure is or has been held.

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.

Supplemental Documentation for Comity Applicants:

1. Two passport-type photographs of the applicant no larger than 1½ x 2 inches taken not more than six months before the date of application. Actual photographs must be submitted. Home-printed photos on non-photo paper are not acceptable;
2. A photocopy of a current podiatric license in good standing issued in another state or jurisdiction;
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;
5. Documentation related to any question in which you answered “yes” to any question in section nine (9) of the application;
6. A completed “Statement of Citizenship” form ([available here](#)) *and* required evidence;
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) ([available here](#)) from any other state(s) where licensure is or has been held.

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 on hold 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 and grant you the opportunity to sit for the oral exam.

Oral Exam Information

All applicants must pass the “oral” exam to be granted an Arizona podiatric license. The exam is a jurisprudence exam, which covers Arizona’s Statutes and Rules governing the practice of podiatrist in the State of Arizona ([available here](#)). You must pass the “oral” exam with a score of at least 75%. By law, the exam is administered only twice per year – once in June and once in December. The application process cannot be expedited to circumvent the time frames set forth in the Board’s laws regarding the oral exam or any other application requirement(s). In addition, this Board does not issue temporary or provisional licenses.

After receiving written notification that you have passed the oral exam, you must submit the license issuance fee of \$225.00 within one (1) year from the date you passed the “oral” exam. 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.

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.

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>

National Practitioner Data Bank
www.npdb-hipdb.hrsa.gov

ADDRESS OF RECORD

Which one of the above addresses would you like to be your "Address of Record"? This will be the physical address and telephone where you can be reached. 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 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.

3. FACILITY OF INTERNSHIP OR RESIDENCY IN PODIATIRC MEDICINE

Name of Facility	Type of Facility		
Street Address	Phone Number (include area code)		
City	State	Zip Code	Country
From: _____		To: _____	
Dates of Internship/Residency		Completion Date	

4. 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**

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.)

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.

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: