



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

Board of Podiatric Medicine & Surgery

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

PODIATRY EXAMINATION APPLICATION PACKET

INCLUDED IN THIS PACKET:

1. Mailing Information & Content.....Pages 1-2
2. Licensure Instructions.....Page 3
3. Application.....Pages 4-6
4. Podiatry Jurisprudence Examination.....Pages 7-11
5. Certification of Residency Training or Preceptorship.....Pages 12-13
6. Printing Instructions.....Page 14
7. Application Checklist.....Page 15
8. Top Things Applicants Should Know.....Page 16
9. Glossary/Definition of Terms.....Page 17
10. Frequently Asked Questions.....Page 18
11. Websites & Links.....Page 19



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PODIATRY EXAMINATION INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.*

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Podiatric Medicine & Surgery.
2. Applicants for a Michigan health professional license or registration are required to submit fingerprints and undergo a Criminal Background Check (CBC). Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. Have your school submit a final, official transcript that shows the date your DPM was conferred directly to the Board office. If a final transcript is not available by the Part III examination registration deadline date, an official letter must be submitted from the Registrar or Dean of your school indicating the date you will receive your degree. You must graduate prior to taking the examination. The final, official transcript must be received directly from your school before your license will be issued.
4. You will be made eligible to sit for the NBPME Part III examination upon receipt of #1, #2, and #3 above. The Part III Candidate Bulletin and Exam Registration Form are available at www.nbpme.info. Click on "Downloads" on the left side of the web page.
5. Submit proof of completion of one year of training in an approved preceptorship or residency program. The Preceptor or Director of that program should submit the *Certification of Residency Training or Preceptorship* form directly to this office after completion.
6. Contact Prometric/NBPME at (877) 302-8952 or send an e-mail to nbpmeinquiry@prometric.com to receive a request form to have National Board exam scores for Part I and Part II sent directly to this office.
7. If you took Part III in another state, contact the Federation of Podiatric Medical Boards ((561) 752-3735 or www.fpmb.org) to have those scores sent directly to this office.
8. All applicants for podiatry licensure must take and pass the jurisprudence examination. The jurisprudence examination is included in the application packet and must be completed and returned with your licensure application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery and in Article 15, parts 161 and 180 of the Michigan Public Health Code.
9. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

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Bureau of Professional Licensing
Health Licensing Division
PO Box 30670
Lansing, MI 48909
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FOR BOARD USE ONLY
License Number:
CS License Number:
Issue Date:

APPLICATION FOR PODIATRIST EXAMINATION

Please select the license type you are applying for from the drop down list below:

- Podiatrist by Examination Fee: \$121.20 [71-5901-01]
- Podiatrist by Examination & Controlled Substance License Fee: \$121.20 [71-5901-01] & \$85.85[71-5315-13757] Total Fee: \$207.05

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information			
First Name:		Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:	
Street Address:		Apt/Bldg #:	
City:	State:	Zip Code:	
Country:			
Phone Number:		Email Address:	
Have you ever held a health professional license in any profession in Michigan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:		Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received under any other name? If yes, list name(s):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application for this type of license in Michigan?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony? Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? Yes
 No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? Yes
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period? Yes
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? Yes
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified? Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? Yes
 No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: _____

Have you taken a National examination for another U.S. Jurisdiction? Please list exam name and date taken (month & year) Yes
 No

Have you taken a State Constructed examination for another U.S. Jurisdiction? Please list state and date taken (month & year) Yes
 No

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you held a permanent license or registration in any state or Canadian province, for the type of license for which you are applying? Yes
 No

Please list each state or province, the license or registration number, the date issued, the number of years you held the license, and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY LICENSES.** (Attach additional sheets, if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

Michigan Department of Licensing and Regulatory Affairs

Board of Podiatry

P.O. Box 30670

Lansing, Michigan 48909

PODIATRY JURISPRUDENCE EXAM

Last Name: _____ **First Name:** _____

DOB: _____ **SSN:** _____

Please clearly print your name, date of birth and Social Security number in the above spaces. Circle your answers for each test question. Be sure to read the statement at the end of the examination and sign your name on the last page before returning it to the Board of Podiatry, P.O. Box 30670, Lansing, MI 48909.

1. Within what period of time is a licensee required to notify the Michigan Board of Podiatry of a change in name or address?
 - a. 30 days
 - b. 60 days
 - c. 90 days
 - d. 120 days

2. In Michigan, a podiatrist may
 - a. diagnose any condition of the human body.
 - b. prescribe narcotics for any patient in pain.
 - c. operate, when appropriate, for any condition that is diagnosed.
 - d. diagnose, treat, inject and operate only within the scope of practice allowed by law.

3. The practice of Podiatric Medicine and Surgery is defined in the Michigan Public Health Code. Which of the following is **TRUE** under this definition? A podiatrist may
 - a. amputate feet.
 - b. administer all anesthetics.
 - c. perform surgery on the joints of the hands.
 - d. treat ankles as they affect the condition of the feet.

4. The Board of Podiatric Medicine and Surgery may waive the continuing education requirement for license renewal for all of the following **EXCEPT**
 - a. practicing outside the State of Michigan.
 - b. absence from the continental United States.
 - c. military service that prevents program attendance.
 - d. physical disability that prevents program attendance.

5. How many hours of continuing education credits are required to renew a podiatrist's license in Michigan?
 - a. 100 hours within 1 year
 - b. 150 hours within 2 years
 - c. 100 hours within 3 years
 - d. 150 hours within 3 years

6. By law, a current certificate of licensure for a podiatrist
- does not have to be displayed.
 - must be kept in the office's personnel files.
 - shall be displayed in a prominent place visible to the public.
 - does not have to contain notification of any licensure limitation.
7. Which of the following is **INCORRECT** regarding "supervision" as defined in the Michigan Public Health Code?
- The supervisor must be physically present at the practice location at all times.
 - The supervisor must review the work of the supervised individual on a regularly scheduled basis.
 - The supervisor must further educate the supervised individual in the performance of the individual's functions.
 - The supervisor must be continuously available for direct communication, either personally or by radio, telephone or telecommunication.
8. In order for a podiatrist to receive continuing education credits, all continuing education programs **MUST**
- be held in the state of Michigan.
 - assess the competency of those in attendance.
 - be sponsored by the Michigan Podiatric Association.
 - be approved by the Board of Podiatric Medicine and Surgery.
9. A podiatrist may dispense
- amphetamines.
 - antidepressants.
 - any controlled substance.
 - only those prescriptions that fall within the scope of practice of podiatry.
10. An individual who holds an educational limited license in podiatry
- may not practice independently.
 - may open his/her own podiatric practice.
 - is eligible to take the NBPME III examination.
 - must hold the educational limited license for at least 18 months before applying for the full license.
11. According to the Michigan Public Health Code, a podiatrist practicing in Michigan may use all of the following titles **EXCEPT**
- Chiroprapist.
 - Foot Specialist.
 - Doctor of Foot Surgery.
 - Podiatric Physician and Surgeon.

12. While treating a patient, a podiatrist employed by a hospital, is
- solely liable for any act of negligence.
 - concurrently liable with the hospital for any act of negligence.
 - completely relieved from responsibility for any act of negligence.
 - automatically insured against any liability for any act of negligence.
13. In order to obtain a full podiatric license, an applicant must have
- satisfactorily completed one year of postgraduate education in an approved residency or preceptorship program.
 - received passing scores on the NBPME Parts I, II, and III and the Michigan Jurisprudence exam.
 - completed a 6 month internship program approved by the board.
 - both a and b are correct
14. A podiatrist may
- amputate feet.
 - perform surgery on the hands and feet.
 - treat superficial excrescences of the feet only.
 - treat superficial excrescences of the hands and feet.
15. Which of the following is a requirement for acceptance of a health professional into the Health Professional Recovery Program?
- The health professional acknowledges his or her impairment.
 - The health professional agrees to participate in a treatment plan.
 - The health professional voluntarily withdraws from, or limits the scope of his or her practice, as determined necessary by the health professional recovery committee.
 - All of the above are true
16. Your patient's medical records have been requested as part of an approved medical research project. In order to protect the confidentiality of these records, you would
- not release the records.
 - change the patient's name listed on the records.
 - remove all items identifying your patient by name, address, number or any other particular information.
 - release the records only after the researchers sign a statement saying they will protect the patient's confidentiality.

17. According to the Michigan Public Health Code provision regarding disciplinary actions against health professionals,
- a. if a health profession board acts to suspend a health professional's license as a sanction, the suspension must be for a period of at least one year.
 - b. a health profession board may take disciplinary action against a licensee who is engaged in accepting kickbacks on medications purchased for patients.
 - c. a health profession board is required to conduct a disciplinary hearing for any health professional who is named as a defendant in more than one malpractice suit during any calendar year.
 - d. an alcohol dependent health professional is not subject to disciplinary action by a health profession board on the grounds of alcohol dependency because alcohol dependency is considered to be a personal health problem.
18. A podiatrist who has had a license revoked may
- a. not practice podiatry.
 - b. only practice in a state hospital.
 - c. only assist with podiatric surgery.
 - d. practice podiatry under the direct supervision of another podiatrist.
19. A podiatrist's license must be renewed every _____ years.
- a. 2
 - b. 3
 - c. 4
 - d. 5
20. In Michigan, the scope of practice for podiatrists is determined by
- a. Michigan state law.
 - b. the Michigan Podiatric Association.
 - c. the Michigan Department of Licensing and Regulatory Affairs.
 - d. the consensus of accredited Podiatric Medicine programs.
21. With respect to confidentiality of patient information, the Michigan Public Health Code
- a. allows release of medical records to a patient's spouse.
 - b. allows release of the information if the client or patient gives his or her consent.
 - c. is silent and provides no protection of confidentiality of client or patient information.
 - d. protects confidentiality and allows the licensee to withhold any and all information in an investigation of a licensee's practice as a result of a complaint.
22. A person who practices podiatry under a suspended, revoked, or fraudulently obtained license, or outside the provision of a license, or who uses the license of another person is guilty of
- a. a felony.
 - b. malpractice.
 - c. a misdemeanor.
 - d. no punishable offense.

23. The ultimate purpose of the Michigan Board of Podiatric Medicine and Surgery is to
- a. collect licensing fees.
 - b. protect the health, safety and welfare of the public.
 - c. meet with members of other health care professions.
 - d. report occupational infractions to the Department of Licensing and Regulatory Affairs.
24. A nurse, employed by a podiatrist, applies treatment without the podiatrist's knowledge and the patient is injured. The result would be that the
- a. nurse is not liable.
 - b. podiatrist is liable.
 - c. podiatrist would not be liable under any circumstances.
 - d. podiatrist would be liable only if there was knowledge of the incident.
25. If a podiatrist, in obtaining a license, has made a false representation of a material fact
- a. no action can be taken.
 - b. the license may be revoked.
 - c. the podiatrist can never practice in a state hospital.
 - d. the podiatrist can never be authorized under Worker's Compensation.

I CERTIFY THAT I AM THE APPLICANT WHOSE SIGNATURE APPEARS HERE AND THAT THE ANSWERS PROVIDED ON THIS EXAMINATION ARE MINE ALONE. BECAUSE OF THE CONFIDENTIAL NATURE OF THIS EXAMINATION, I WILL NOT COPY OR RETAIN EXAMINATION QUESTIONS, OR TRANSMIT THEM IN ANY FORM TO ANY OTHER PERSON.

Signature of Applicant

Date

Michigan Department of Licensing and Regulatory Affairs
Board of Podiatric Medicine & Surgery
 PO Box 30670
 Lansing MI 48909
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www.michigan.gov/healthlicense

CERTIFICATION OF RESIDENCY TRAINING OR PRECEPTORSHIP

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Preceptor Program Director when you complete your training. This certification must be submitted directly to the Michigan Board of Podiatric Medicine & Surgery by the Preceptor or Program Director.

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg#:
City:	State:	Zip Code
SSN:		Date of Birth:
Phone Number:		E-mail:
All Previous Names and/or Birth Name Used (if applicable):		

Signature _____

Date _____

Upon completion of Section I, print, sign, and date the form then send the form to the Preceptor or Program Director when you complete your training for completion of Section II. **This certification must be submitted directly to the Michigan Board of Podiatric & Surgery by the Preceptor or Program Director.**

Full Name:

THIS SECTION TO BE COMPLETED BY THE PRECEPTOR OR PROGRAM DIRECTOR**SECTION II - CERTIFICATION OF RESIDENCY TRAINING OR PRECEPTORSHIP**

Please complete the following information. Return this completed certification directly to Department of Licensing and Regulatory Affairs, Michigan Board of Podiatric Medicine & Surgery, PO Box 30670, Lansing, MI 48909.

Name of Training Hospital or Preceptor:

Street Address of Hospital:

City:

State:

Zip Code:

I certify that _____ has completed a residency or preceptorship, offered
(Applicant's Full Name)

by the above from _____ and ending _____
(Month/Day/Year) (Month/Day/Year)

if the training was completed in a hospital, was the program accredited by the CPME (Council on Podiatric Medical Education)?

Yes No

Signature of Program Director or Preceptor

Date of Signature

Print or Type Name

(Seal)
If hospital has no seal, please indicate

IMPORTANT: This certification may not be dated and submitted more than fifteen (15) days prior to the completion of a full year's internship.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Please print out the Application (Pages 4-6), Podiatry Jurisprudence Examination (Pages 7-11) and the Certification of Appointment to a Michigan Training Program form (page 12-13). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Podiatric Medicine & Surgery
PO Box 30670
Lansing, MI 48909

Sign and date the Certification of Residency Training or Preceptorship Form then submit it to the Program Director or Preceptor to complete Section II and send directly to our office.

APPLICATION CHECKLIST

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information: Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Professional Licensing in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Professional Education: List your current or completed professional school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

4. License in Other State(s) and/or Province(s): List all states/provinces where you have held a podiatry license or registration. Indicate method of licensure - examination or endorsement.

5. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Podiatric Medicine & Surgery office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. REFUND POLICY: If you wish to withdraw your application, you must notify the Board of Podiatric Medicine & Surgery in writing to request a partial refund.
8. If your name and/or address changes please notify the Board of Podiatric Medicine & Surgery in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Podiatric Medicine & Surgery, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

CONTACT HOUR/CREDIT	A continuing education credit or contact hour is equivalent to 50-60 minutes of program participation in a board-approved program.
CONTINUING EDUCATION UNIT	An podiatrist is required to earn 150 hours of board-approved continuing education to renew the license.
ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Podiatric Medicine & Surgery, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. Do I have to earn continuing education for this first license?

Since the initial license is valid for a partial licensure cycle you will not be required to earn continuing education. However, after the first renewal, Michigan podiatrists are required to earn 150 hours of board-approved continuing education credit over each three-year cycle of licensure. The Michigan Board of Podiatric Medicine & Surgery does not receive attendance reports or track your education for you. You should maintain copies of your continuing education certificates for at least a five year period in case you are audited by the Michigan Board of Podiatric Medicine & Surgery.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming March 1 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Health Professions Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Podiatric Medicine & Surgery Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

Federation of Podiatric Medical Boards	www.fpmb.org
Identogo	www.identogo.com