

Michigan Department of Licensing and Regulatory Affairs  
**Board of Podiatric Medicine & Surgery**

P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **PODIATRY LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Podiatric Medicine and Surgery. Questions regarding your application can be directed to the Michigan Board of Podiatric Medicine and Surgery at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

### **INSTRUCTIONS FOR FULL LICENSURE BY EXAMINATION**

1. Complete the licensure applications for Podiatry and controlled substances and submit them along with the appropriate fees to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
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](http://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](mailto: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.fpmbo.org](http://www.fpmbo.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. Verification of licensure from any state where you hold or have ever held a permanent podiatry license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

## **INSTRUCTIONS FOR FULL LICENSURE BY ENDORSEMENT**

1. Complete the licensure applications for Podiatry and controlled substances and submit them along with the appropriate fees to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Have your school submit a final, official transcript of your podiatric education directly to the Board office.
4. Verification of licensure from any state where you hold or have ever held a permanent podiatry license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. Applicants who graduated from a school of podiatric medicine after December 31, 1964, must 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. An applicant who was first licensed in another state on or after January 1, 1980, is required to have taken and passed Part I and Part II of the National Board examination. Contact Prometric/NBPME at (877) 302-8952 or send an e-mail to [nbpmeinquiry@prometric.com](mailto:nbpmeinquiry@prometric.com) to receive a request form to have those scores sent directly to this office.
7. Applicants who were licensed in another state less than three years before filing an application for Michigan licensure need to send in passing scores for the NBPME Part III examination and pass the Michigan Jurisprudence examination. If you have previously taken the Part III exam, contact the Federation of Podiatric Medical Boards ((561) 752-3735 or [www.fpmb.org](http://www.fpmb.org)) to have those scores sent directly to this office.
8. All applicants for podiatry licensure by endorsement 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.

## **EDUCATIONAL LIMITED LICENSE APPLICANTS**

**POST GRADUATE INTERNSHIP TRAINING IN MICHIGAN SHALL NOT BEGIN UNTIL YOU HOLD AN EDUCATIONAL LIMITED LICENSE. NO CREDIT CAN BE APPROVED FOR TRAINING OBTAINED BEFORE THE ISSUE DATE OF THE LIMITED LICENSE.**

1. Complete the application and submit it along with the fee to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Have your school submit a final, official transcript that shows the date your DPM was conferred directly to the Board office.
4. Verification of licensure from any state where you hold or have ever held a permanent podiatry license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. Contact Prometric/NBPME at (877) 302-8952 or send an e-mail to [nbpmeinquiry@prometric.com](mailto:nbpmeinquiry@prometric.com) to receive a request form to have National Board Part I and II scores sent directly to this office. **ALTERNATIVELY**, contact the Federation of Podiatric Medical Boards at (561) 752-3735 or at [www.fpmb.org](http://www.fpmb.org) to have your passing Part III scores sent directly to this office.
6. Have the Director of the program submit the *Certification of Appointment to a Hospital Training Program* form (attached) or the Preceptor submit an *Application for Approval of a Preceptorship Program* form. The form for approval of a preceptorship program can be obtained by sending an e-mail request to [bhphelp@michigan.gov](mailto:bhphelp@michigan.gov). The preceptorship must be approved by the Board before the limited license can be issued. A person who is issued an educational limited license must confine his or her practice and training to the approved site for training. In the event of a change in appointment, the limited licensee is required to seek approval from the Board before the change occurs. An educational limited license may be renewed 5 times, with no extension available.
7. Upon completion of the preceptorship or residency, the limited licensee must have the Preceptor or Director of the program submit the *Certification of Residency Training or Preceptorship* form.

**NOTE: Educational limited licensees or applicants for educational limited licensure are not eligible to take the Part III until they have applied for full licensure.**

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Podiatric Medicine and Surgery in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Podiatric Medicine and Surgery in writing to request a refund.
3. **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.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) for more information on the specific requirements.
5. ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD. THIS DOES NOT APPLY TO EDUCATION LIMITED LICENSES.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

STEVEN H HILFINGER  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)  
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at [www.cogentid.com/index.htm](http://www.cogentid.com/index.htm). Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to [mihelp@cogentsystems.com](mailto:mihelp@cogentsystems.com).



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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit  
1650 Wabash Ave. Ste. D  
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

## LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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**Applicant Instructions:** Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

### REQUESTING AGENCY INFORMATION

Agency I.D. Number: <b>71734k</b>	Agency Name: <b>Department of Licensing and Regulatory Affairs, Bureau of Health Professions</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional (MCL333.16174)</b>	Cost:

**\*\*Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

**Board of Podiatric Medicine and Surgery**

P.O. Box 30670  
 Lansing, MI 48909  
 (517) 335-0918  
 www.michigan.gov/healthlicense

**APPLICATION FOR LICENSURE AS A PODIATRIST**

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

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

**Type or Print Only**



Board Use Only	
License Number:	
Controlled Substance License Number:	
Date of Licensure:	

**I AM APPLYING FOR THE FOLLOWING:**

- License by Examination Fee: \$120.00 71-5901-01
- License by Endorsement Fee: \$120.00 71-5901-09
- Educational Limited License Fee: \$50.00 71-5901-03
- Controlled Substance License: Fee \$85.00 71-5315-13757

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.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Michigan Health Professional Permanent I.D./License Number and Expiration Date	

**Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.



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**CERTIFICATION OF APPOINTMENT TO A HOSPITAL TRAINING PROGRAM**

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 legal name exactly as it appears on your application. Send this form to the Program Director of the Michigan hospital where you have been appointed for completion of Section II.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Daytime Telephone Number		All Previous Names and/or Birth Names Used (if applicable)

Signature of Applicant	Date
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**Applicant: Upon completion of Section I, send this form to the Program Director for completion of Section II.**

Name

**THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR****SECTION II - CERTIFICATION OF RESIDENCY APPOINTMENT**

Please complete the following information. Return this completed certification directly to the Michigan Board of Podiatric Medicine and Surgery at the address shown on the page 1 of this form.

Name of Hospital		
Street Address of Hospital		
City	State	Zip Code
<p>I certify that _____  <small>(Applicant's Name)</small></p> <p>has been appointed to a podiatric residency at the hospital named above beginning _____  <small>(Month/Day/Year)</small></p> <p>and ending _____  <small>(Month/Day/Year)</small></p> <p>Is this training program approved by the CPME (Council on Podiatric Medical Education)?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
_____ Authorized Signature	_____ Date of Signature	
_____ Print or Type Name	<b>( S E A L )</b>	
_____ Title	If hospital has no seal, please indicate	

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**CERTIFICATION OF RESIDENCY TRAINING OR PRECEPTORSHIP**

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

**SECTION I - APPLICANT INFORMATION**

**Instructions:** Complete Section I. Type or print your legal name exactly as it appears on your application. Send this form to the Preceptor or Program Director when you complete your training. This form should be completed and returned directly to the Board office by the Preceptor or Program Director.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City		
State	ZIP Code	
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	

Signature of Applicant	Date
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**Applicant: Upon completion of Section I, send this form to the Preceptor or Program Director for completion of Section II.**

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.

Name
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**THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR OR PRECEPTOR**

**SECTION II - CERTIFICATION OF RESIDENCY/PRECEPTORSHIP**

Please complete the following information. Return this completed certification directly to the Michigan Board of Podiatric Medicine and Surgery at the address shown on page 1 of this form.

Name of Training Hospital or Preceptor		
Street Address		
City	State	Zip Code
<p>I certify that _____ has successfully  <small>(Applicant's Name)</small></p> <p>completed a residency or preceptorship, offered by the above from _____ to  <small>(Month/Day/Year)</small></p> <p>_____ .  <small>(Month/Day/Year)</small></p> <p>If the training was completed in a hospital, was the program accredited by the CPME (Council on Podiatric Medical Education)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Program Director or Preceptor	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Signature	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print or Type Name of Program Director or Preceptor		
<b>( S E A L )</b>		
If school has no seal, please indicate		
<p><b>NOTE: Certification of training will not be accepted if certified more than 15 days prior to actual completion.</b></p>		

**Michigan Department of Licensing and Regulatory Affairs**  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
www.michigan.gov/healthlicense

**VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE**

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Admin. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarian <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board

**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**
- Chiropracist.
  - 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