



Bureau of Professional Licensing
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**APPLICATION FOR PODIATRIC MEDICINE & SURGERY
 LICENSURE, EDUCATIONAL LIMITED AND RELICENSURE**

Authority: 1978 PA 368

Print or Type Clearly ** THIS FORM IS NOT TO BE USED TO RENEW YOUR LICENSE**

Applicant's First Name		Middle Name	Last Name	
U.S. Social Security Number		Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number <i>(if Applicable)</i>	
Address				
City		State	Zip Code	Country
Telephone Number		Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____				

EDUCATIONAL LIMITED LICENSE INFORMATION ONLY:

Name of Appointing Hospital		
Hospital Street Address		
City	State	Zip Code
Program Name		

CHECK THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY	
Podiatric Medicine – By Endorsement	\$127.25	5901-09	License Number	Issue Date
	\$ 90.15	5315-37 = \$68.95 5315-57 = \$21.20	CS License Number	Issue Date
Podiatric Medicine – By Exam	\$127.25	5901-01		
	\$ 90.15	5315-37 = \$68.95 5315-57 = \$21.20		
Podiatric Medicine – Relicensure	\$147.25	5901-06		
	\$ 90.15	5315-37 = \$68.95 5315-57 = \$21.20		
Educational Limited with Controlled Substance	\$143.15	5901-05 = \$53.00		
		5901-37 = \$68.95		
		5901-57 = \$21.20		
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.				

LARA/BPL-PODAPP (10/18)

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.

Professional Education

(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

Hospital Affiliations

(Attach additional sheets if necessary)

List the name of each hospital with which you are employed or under contract and each hospital in which you are allowed to practice.

Name of Hospital Employed or Under Contract	Name of Hospital Where Allowed to Practice

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a podiatric medicine profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. *(Attach additional sheets if necessary)*

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Have you ever been convicted of a felony?	Yes	No
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Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	Yes	No
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CERTIFICATION AND SIGNATURE

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 Federal Bureau of Investigation, Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature of Applicant

Date

Printed Name of Applicant

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- Human Trafficking requirement – Administrative Rule R 338.8120: Proof of completion of training to identify victims of human trafficking. This is a one-time training that is separate from continuing education (CE). Licensees renewing in 2018 must complete training by renewal in 2021, renewals for 2019 by 2022 and renewals for 2020 by 2023. Beginning January 6, 2022, completion of the training is a requirement for initial licensure.

Podiatrist License by Endorsement

Applicants for licensure by endorsement who have been licensed in another state for MORE than 10 years at the time of application must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a podiatrist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of passing the jurisprudence examination submitted directly to this office from PSI. The passing score on the exam is 75%. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code. You may contact PSI to schedule your exam by visiting www.psiexams.com or by calling PSI at 800-733-9267.

If you have been licensed in another state(s) for LESS than 10 years, in addition to the above you must also submit the following:

- Official transcripts confirming degree awarded in podiatric medicine and date conferred submitted directly to this office from a school of podiatric medicine approved by the Board.
- Certification of Residency Training submitted directly to our office by the Director showing completion in a Board approved residency program where you completed your training.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact the National Board of Podiatric Medicine Examiners (NBPME) to have the results of Parts I, II and III of the national board examination sent directly to this office. Contact the NBPME at (877) 302-8952 or go to their website at www.ample.com. If you took Part III in another state, contact the Federation of Podiatric Medical Board at (561) 752-3735 or via email at www.fpmbo.org to have those scores sent directly to this office.

Podiatrist License by Exam

- Official transcripts confirming degree awarded in podiatric medicine and date conferred submitted directly to this office from a school of podiatric medicine approved by the Board.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact Prometric/NBPME at (877) 302-8952 or send an email to nbpmeinquiry@prometric.com to receive a request form to have National Board exam scores for Part I, II and III sent directly to this office. If you took Part III in another state, contact the Federation of Podiatric Medical Board at (561) 752-3735 or via email at www.fpmbo.org to have those scores sent directly to this office.
- Certification of passing the jurisprudence examination submitted directly to this office from PSI. The passing score on the exam is 75%. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code. You may contact PSI to schedule your exam by visiting www.psiexams.com or by calling PSI at 800-733-9267.

Podiatrist License by Exam Continued

Have satisfactorily completed either of the following:

- Certification of Residency Training submitted directly to our office by the Director showing completion of one year of training in a Board approved residency program. Certification of completion of postgraduate education shall be accepted by the board no more than 30 days before completion of the training.
- Until **November 13, 2019**, certification of preceptorship form submitted directly to this office by the preceptor showing completion of one year of training in a Board approved preceptorship program where you completed your training. Certification of completion of a preceptorship program shall be accepted by the board no more than 30 days before completion of training.

Educational Limited License

- Official transcripts confirming degree awarded in podiatric medicine and date conferred submitted directly to this office from a school of podiatric medicine approved by the Board.
- Certification of your passing examination scores submitted directly to this office from the examination agency. Contact Prometric/NBPME at (877) 302-8952 or send an email 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.
- Certification of Appointment form showing you have been appointed to a residency program that is approved by the board **OR** until **November 13, 2019**, Certification of Appointment form showing you have been appointed to a 1-year preceptorship program pre-approved by the board.

Relicensure – Full License

If your license has been expired for LESS than 3 years at the time of application, you must submit the following:

- Establish good moral character
- Verification/certification of licensure to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a podiatrist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Submit documentation showing you completed 150 hours of Board approved continuing education within the three years immediately preceding the date of this application of which at least 5 hours of continuing education shall be done in pain and symptom management. Not more than 12 credit hours shall be earned during one 24-hour period. Of the total 150-hours of Board approved continuing podiatric education requirement, a minimum of 75 credit hours shall be earned in Activity Code/Category A unless all 150 hours are earned in Activity Code/Category N pursuant to R 338.8127 of the Podiatric Medicine and Surgery Administrative Rules.
- Certification of passing the jurisprudence examination submitted directly to this office from PSI. The passing score on the exam is 75%. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code. You may contact PSI to schedule your exam by visiting www.psiexams.com or by calling PSI at 800-733-9267.

If your license has been expired for MORE than 3 years at the time of application and you hold an active license in another state, you must submit the following:

- Establish good moral character
- Submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application confirmation letter that will be sent when your application and fee are processed by our office. **DO NOT** have your fingerprints taken prior to receiving this information.
- Verification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States or Canada in which you hold a current license or ever held a license as a podiatrist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

If your license has been expired for MORE than 3 years at the time of application and you hold an active license in another state continued:

- Submit documentation showing you completed 150 hours of board-approved continuing education within the three years immediately preceding the date of this application of which at least 5 hours of continuing education shall be done in pain and symptom management. Not more than 12 credit hours shall be earned during one 24-hour period. A minimum of 75 credit hours of the total 150-hours of continuing podiatric education requirement shall be earned in Activity Code/Category A unless all 150 hours are earned in Activity Code/Category N pursuant to R 338.8127 of the Podiatric Medicine and Surgery Administrative Rules.
- Certification of passing the jurisprudence examination submitted directly to this office from PSI. The passing score on the exam is 75%. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code. You may contact PSI to schedule your exam by visiting www.psiexams.com or by calling PSI at 800-733-9267.

If your license has been expired for MORE than 3 years at the time of application and you DO NOT hold an active license in another state, you must submit the following:

- Establish good moral character
- Submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application confirmation letter that will be sent when your application and fee are processed by our office. DO NOT have your fingerprints taken prior to receiving this information.
- Submit evidence of passing scores on the NBPME Part III examination. 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. If you took Part III in another state, contact the Federation of Podiatric Medical Board at (561) 752-3735 or via email at www.fpmbo.org to have those scores sent directly to this office.
- Verification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States or Canada in which you hold a current license or ever held a license as a podiatrist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of passing the jurisprudence examination submitted directly to this office from PSI. The passing score on the exam is 75%. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Podiatric Medicine and Surgery, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code. You may contact PSI to schedule your exam by visiting www.psiexams.com or by calling PSI at 800-733-9267.