



Bureau of Professional Licensing
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APPLICATION FOR A PODIATRIC MEDICINE & SURGERY LICENSE

Authority: 1978 PA 368

Print or Type Clearly

Applicant's Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>				
U.S. Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</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/PRECEPTORSHIP INFORMATION ONLY:						
Name of Appointing Hospital/Preceptor Name						
Hospital/Preceptor Street Address						
City		State	Zip Code			
Program Name			Start Date			
CHECK THE LICENSE/OBTAINED BY METHOD			FOR OFFICE USE ONLY			
Podiatric Medicine – By Endorsement \$121.20 5901-09 Podiatric Medicine – By Exam \$121.20 5901-01 Podiatric Medicine – Relicensure \$141.20 5901-06 Controlled Substance \$ 85.85 5315-3757 Limited with Controlled Substance \$136.35 5901-375705			License Number		Issue Date	
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 (10/16)

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

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 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. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony? Yes No

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

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)**.

All Applicants Continued:

- 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, the Bureau of Professional Licensing General Administrative Rules and Article 1, Article 15, parts 161, 177 and 180 of the Michigan Public Health Code.

Podiatrist License by Endorsement

Applicants for licensure by endorsement who have been licensed in another state and have practiced podiatric medicine 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.

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 having received a degree in podiatric medicine submitted directly to this office from a school of podiatric medicine approved by the board showing the date the DPM was conferred.
- Certification of Residency Training or Preceptorship form submitted directly to our office by the Preceptor or Director showing completion of one year of training in an approved preceptorship or 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.fpmb.org to have those scores sent directly to this office.

Podiatrist License by Exam

- Official transcripts confirming having received a degree in podiatric medicine submitted directly to this office from a school of podiatric medicine approved by the board showing the date the DPM was conferred.
- Certification of Residency Training or Preceptorship form submitted directly to our office by the Preceptor or Director showing completion of one year of training in an approved preceptorship or residency program where you completed your training.
- 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.fpmb.org to have those scores sent directly to this office.

Educational Limited License

- The educational limited license is issued for a one year renewable period and can be held for up to 6 years.
- Official transcripts confirming having received a degree in podiatric medicine submitted directly to this office from a school of podiatric medicine approved by the board showing the date the DPM was conferred.
- 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 or 1-year preceptorship program approved by the board.

Examination Eligibility

- You will be made eligible to sit for the NBPME Part III examination upon receipt of your licensure application, cleared fingerprints and schooling verification not less than 30 days before the date of the scheduled 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 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 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.
- An applicant who fails after 3 attempts to achieve a passing score on Part III of the NBPME examination is not eligible to sit again for the examination until he or she has completed a program of study in podiatric medicine and surgery acceptable to the board.
- If the applicant thereafter fails Part III of the NBPME examination, the applicant may repeat the examination without limitation if the applicant, subsequent to each failure, first completes a program of study in podiatric medicine and surgery acceptable to the board. As used in this subrule, “a program of study in podiatric medicine and surgery acceptable to the board” means any of the following:
 - (a) A course or courses in podiatric medicine and surgery offered by a school of podiatric medicine which is approved by the board.
 - (b) A program of study in podiatric medicine and surgery developed and offered by a sponsor of a residency program approved by the board.
 - (c) A course or courses in podiatric medicine and surgery offered by a sponsor of a continuing education program 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:

- 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.
- Must have completed 150 hours of board-approved continuing education within the three years immediately preceding the date of this application. A minimum of 75 credit hours of the total 150-hours of continuing podiatric education requirement shall be earned in Category 1 or Category 6 found in Rule 338.8129 of the Podiatric Medicine and Surgery Administrative Rules.

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:

- 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. DO NOT have your fingerprints taken prior to receiving this information.
- 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.
- Must have completed 150 hours of board-approved continuing education within the three years immediately preceding the date of this application. A minimum of 75 credit hours of the total 150-hours of continuing podiatric education requirement shall be earned in Category 1 or Category 6 found in Rule 338.8129 of the Podiatric Medicine and Surgery Administrative Rules.

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 in addition to the above:

- 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.fpmb.org to have those scores sent directly to this office.

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.

Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

Signature

Date

PODIATRY JURISPRUDENCE EXAM

Authority: 1978 PA 368

Please clearly circle your answers for each test question. The passing score is 75%

Applicant's LAST Name	Applicant's FIRST Name	Middle Initial	Date of Birth (MM/DD/YYYY)
<p>1. Within what period of time is a licensee required to notify the Michigan Board of Podiatry of a change in name or address:</p> <ul style="list-style-type: none">A. 30 daysB. 60 daysC. 90 daysD. 120 days			
<p>2. In Michigan, a podiatrist may</p> <ul style="list-style-type: none">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.			
<p>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</p> <ul style="list-style-type: none">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.			
<p>4. The Board of Podiatric Medicine and Surgery may waive the continuing education requirement for license renewal for all of the following EXCEPT</p> <ul style="list-style-type: none">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.			
<p>5. How many hours of continuing education credits are required to renew a podiatrist's license in Michigan?</p> <ul style="list-style-type: none">A. 100 hours within 1 yearB. 150 hours within 2 yearsC. 100 hours within 3 yearsD. 150 hours within 3 years			

NAME:

6. By law, a current certificate of licensure for a podiatrist

- A. Does not have to be displayed.
- B. Must be kept in the office's personnel files.
- C. Shall be displayed in a prominent place visible to the public
- D. 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?

- A. The supervisor must be physically present at the practice location at all times.
- B. The supervisor must review the work of the supervised individual on a regularly scheduled basis.
- C. The supervisor must further educate the supervised individual in the performance of the individual's functions.
- D. 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**

- A. Be held in the state of Michigan.
- B. Assess the competency of those in attendance.
- C. Be sponsored by the Michigan Podiatric Association.
- D. Be approved by the Board of Podiatric Medicine and Surgery

9. A podiatrist may prescribe

- A. Amphetamines.
- B. Antidepressants.
- C. Any controlled substance.
- D. Only those prescriptions that fall within the scope of practice of podiatry.

10. An individual who holds an educational limited license in podiatry

- A. May not practice independently.
- B. May open his/her own podiatric practice.
- C. Must confine their practice and training to a hospital, institution or preceptorship program approved by the board for training.
- D. Has passed Part III of the examination developed by the National Board of Podiatric Medical Examiners.

11. According to the Michigan Public Health Code, a podiatrist practicing in Michigan may use all of the following titles **EXCEPT**

- A. Chiropracist.
- B. Foot Specialist.
- C. Doctor of Foot Surgery.
- D. Podiatric Physician and Surgeon.

12. The governing body of Podiatric Medicine and Surgery licensees is:

- A. The Michigan Board of Podiatric Medicine and Surgery.
- B. The American Podiatric Medical Association.
- C. The Michigan Podiatric Medical Association.
- D. The National Podiatric Medical Association.

NAME:

13. In order to obtain a full podiatric license, an applicant must have

- A. Satisfactorily completed one year of postgraduate education in an approved residency or preceptorship program.
- B. Received passing scores on the NBPME Parts I, II, and III and the Michigan Jurisprudence exam.
- C. Completed a 6-month internship program approved by the board
- D. Both A and B are correct.

14. A podiatrist may

- A. Amputate feet.
- B. Perform surgery on the hands and feet.
- C. Treat superficial excrescences of the feet only.
- D. 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 Recovery Program

- A. The health professional acknowledges his or her impairment.
- B. The health professional agrees to participate in a treatment plan.
- C. The health professional voluntarily withdraws from, or limits the scope of his or her practice, as determined by the health professional recovery committee.
- D. All of the above are true

16. Patient records must be retained by a podiatric medicine & surgery licensee for at least:

- A. 3 years.
- B. 5 years.
- C. 7 years.
- D. 10 years.

17. Which of the following statements is **TRUE** for a Podiatric Medicine & Surgery licensee?

- A. They must report to the Department of Licensing and Regulatory Affairs any licensed health care professional that they believe is impaired.
- B. They are liable in a civil action for damages resulting from failure to report to the Michigan Department of Licensing and Regulatory Affairs any licensed health care professional that they believe is impaired.
- C. They are only required to report a licensed health professional that they believe is impaired to the Department of Licensing and Regulatory Affairs if the health professional is also a podiatric medicine & surgery licensee.
- D. Their failure to report any licensed health care professional that they believe is impaired to the Department of Licensing and Regulatory Affairs is not subject to any administrative disciplinary action.

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

NAME:

20. In Michigan, the scope of practice or 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. Sanctions may be levied against a licensee for which of the following situations:

- A. Negligent supervision.
- B. Incompetence.
- C. Conviction of a misdemeanor involving the illegal delivery, possession, or use of a controlled substance.
- D. All of the above.

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