



GEORGIA STATE BOARD OF PODIATRY EXAMINERS

237 Coliseum Drive

Macon, Georgia 31217-3858

Phone (478) 207-2440

www.sos.ga.gov/plb/podiatry

APPLICATION FOR LIMITED TEMPORARY PODIATRY LICENSE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Podiatry in the State of Georgia.

Visit the website above for information

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

\$50.00 non-refundable application fee

(Payable to Georgia State Board of Podiatry Examiners)

Checks returned for

insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

NOTARIZED APPLICATION: The application must be mailed to the Board's office at the address listed above, notarized, along with your **FEE** and **PHOTOGRAPH** – a full-face (approximately 2x2) photograph taken within one year before the submission of the application. All questions must be answered. Any question answered “yes”, requires further documentation to be submitted. Attach an explanation and court documents if you have had any criminal convictions or charges, or sanctions by another state licensing board.

PROOF OF CURRENT STATE LICENSURE: Applicant must submit proof of current licensure in good standing in another State or Country. Please have that/those State(s) officially certify that license directly to the Board's office.

DEGREE TRANSCRIPT: Applicants for licensure must have graduated from an approved American Podiatric Medical Association college or its equivalent. An official Doctorate College transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar's office of the college. The Certificate of Education must be completed and sent to the Board office.

BACKGROUND INFORMATION: All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. You must also submit a copy of the court's final disposition or the official document showing the description of the current status. The Board, at their next scheduled meeting, will review the application and required documentation. Approval of licensure is at the Board's discretion.

A limited Temporary Podiatry License will only be issued to a podiatrist from another state or country upon approval by the Board for the purpose of advancing medical education in a hospital and training provided such podiatrist holds a license in good standing, in that other State or Country. Applicants for a temporary license **MUST** be under the direct supervision of a Georgia licensed Podiatrist and enrolled in a hospital based program or study recognized by the Board. ***ALL TEMPORARY PODIATRY APPLICATIONS MUST BE APPROVED BY THE BOARD.***

A limited Temporary Podiatry License is valid for a period not to exceed one (1) year. The limited Temporary Podiatry License must be surrendered to the board upon completion of the educational program or expiration, whichever occurs first.

Name/Address of Post-Graduate School/Hospital: (if applicable)

Type of Training: _____ Dates Attended: _____

PART III – PROFESSIONAL CERTIFICATION

List any state(s) in which you now hold or have ever held a Podiatry License:

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

***Note:** The **Certification of Licensure** form should be sent to **ALL states in which you hold a license**. (You can make additional copies of the form if necessary). The licensing agency for other state should mail the completed form(s) directly to our office: Georgia State Board of Podiatry, 237 Coliseum Drive, Macon, Georgia 31217.

PART IV – EMPLOYMENT

Have you been engaged in active practice of podiatric medicine immediately preceding the date of this application? () Yes () No *Please list the location(s) and date(s) of practice:

Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

PART V – BACKGROUND INFORMATION

Instructions: If you answer yes to any of the following questions, attach an explanation, relevant documents and a description of the current status. For arrest charges and you must attach a copy of court's final disposition.

Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No

Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) () Yes () No **If yes, please attach an explanation and have the official documents sent to Board office.**

Have you ever had revoked suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state? () Yes () No

Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or in any other state? () Yes () No

Have you ever had any malpractice action taken against you or do you have any pending malpractice action? () Yes () No **If yes, attach an explanation.**

Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? () Yes () No **If yes, attach an explanation.**

To your knowledge, are you the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state? () Yes () No **If yes, attach an explanation and have official documents sent to Board office.**

APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

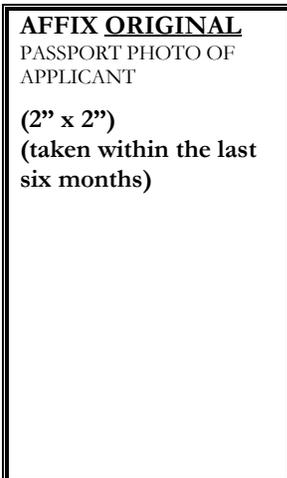
I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Podiatry Examiners, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on pages 6 & 7 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 6 & 7 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Podiatry Examiners and/or criminal prosecution.



Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____

Note to Notary: Passport photo must be attached and application should be signed with proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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NOTE: (Copies of this page may be duplicated if needed)

CERTIFICATION OF LICENSURE

This form should be sent to **ALL States** in which you hold a Podiatry license. The form should be completed by the State Board of Podiatry and returned to the above address.

PART I – APPLICANT

I _____, hereby authorize the state of _____
 Board of Podiatry to furnish to the Georgia State Board of Podiatry the information requested below.

Applicant's Signature Social Security No. License No.
 Applicants do not write below this line. Applicants must forward to state verifying license.

PART II – STATE AGENCY

LICENSING AGENCY: *The above applicant has applied for a license to practice podiatric medicine in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia Board of Podiatry * 237 Coliseum Drive * Macon, Georgia 31217-3858*

Name of Licensee: _____ License Number _____

Licensed by: Exam Endorsement Waiver Grandfather Clause

If by exam, please indicate the examination administered to applicant: _____

Issue Date: _____ License Status: Current Expiration date: _____

Inactive Date of last renewal: _____

Lapsed Date of last renewal: _____

Have all continuing education requirements been met? YES NO

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES NO

Is the applicant currently under investigation? Yes () No ()

*** Please provide details, including copies of any documents with status of investigations.**

Signed _____ Date _____

Title: _____ State Board _____

Telephone # (____) _____

(Seal)



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CERTIFICATE OF PODIATRIC EDUCATION

**THE FOLLOWING MUST BE COMPLETED BY THE PODIATRY
COLLEGE FROM WHICH YOU GRADUATED**

It is hereby certified that: _____
Applicant/Student Name

received a diploma from conferring the degree of **DOCTOR OF PODIATRIC
MEDICINE.**

Date Degree Conferred: _____

President, Dean or Registrar

(Seal of College)

Please mail completed form to:

Georgia State Board of Podiatry Examiners
237 Coliseum Drive
Macon, Georgia 31217-3858

**An Official Transcript must be submitted having the school seal,
and showing degree and date awarded. The transcript can be
mailed with the application or mailed directly from university.**