

GEORGIA BOARD OF PODIATRY EXAMINERS

237 Coliseum Drive, Macon, GA 31217-3858

Phone: 478-207-2440 * Fax: 866-888-7127 * Email: Podiatry@sos.ga.gov

Website: www.sos.ga.gov/plb

Supplemental Information Required for Podiatry Licensure Applications

Only complete applications will be presented to the Board.

(Mail, email or fax to the Board office any required official documents noted below.)

Applicant Name _____ **Tracking Code** _____
(Print clearly) (Found on receipt page)

1. VERIFICATION OF LICENSURE: If you are or have ever been licensed in another state(s), please have that/those state(s) officially certify that license directly to the Board’s office. List any state(s) in which you now hold or have ever held a Podiatry Examiner’s License:

State _____ Issue date _____ Exp. Date _____
State _____ Issue date _____ Exp. Date _____
State _____ Issue date _____ Exp. Date _____

2. VERIFICATION OF EMPLOYMENT as a Podiatrist. If you have been working as a Podiatry Examiner, submit the Employment form directly to the Board office. The Employment Form is included in this download.

3. NATIONAL BOARD SCORES: All applicants are required to pass the “American Podiatric Medical Licensing Examination” (APMLE) national exam offered through the National Board of Podiatric Medical Examiners (NBPME) before applying for licensure in Georgia (passing score = 80). Please contact the National Board administrative offices at (561) 752-3735 or <http://www.nbpme.info/exams.htm> and have them certify your scores to Georgia.

4. DISABILITY ACCOMODATIONS: The Board will provide reasonable accommodation to a qualified applicant with a disability in accordance with the American with Disabilities Act. If you have a disability and may require an accommodation, you must contact the Board to obtain the Request for Disability Accommodation Guidelines. The Board must receive all application materials, including the information requested in the guidelines by the application deadline date.

5. DEGREE TRANSCRIPT: All applicants for licensure must have graduated from an approved American Podiatric Medical Association college, and hold a doctoral degree or its equivalent. An official 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.

6. CERTIFICATE OF RESIDENCY: A Certificate of Residency for one year must be sent to the board office, or, a letter dated within ninety (90) days of the expected date of completion stating you are in the process of completing your residency and the expected completion date. Your license will not be issued until the one year residency certificate has been received (See Board Rule: Board Rule 500-2-.01).

Board Rule 500-2-.01: A minimum of 1 year residency in podiatric medicine and surgery in a program based at a hospital approved by the American Podiatric Medical Association and the Board or a letter dated within 90 days of the expected date of completion of residency from the Director of Training, Registrar; or Head of the Department on official letterhead documenting the date on which the applicant is expected to complete the one year’s residency. License will not be issued until Certificate of Residency is received and exams passed.

7. SECURE AND VERIFIABLE DOCUMENTATION MUST BE INCLUDED. Please scroll down for information concerning this legal requirement.

Applicant Name _____ Tracking Code _____
(Print clearly) (Found on receipt page)

GEORGIA BOARD OF PODIATRY EXAMINER

VERIFICATION OF EMPLOYMENT

**SUBMIT THIS PAGE IF YOU HAVE YOU BEEN ENGAGED IN ACTIVE PRACTICE AS A
PODIATRY EXAMINER PRECEDING THE DATE OF THIS APPLICATION.**

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: _____

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: _____

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

License type: **Podiatry Examiner**

(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]

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)

License type: **Podiatry Examiner**

____ 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)]