



GEORGIA STATE BOARD OF PODIATRY
237 Coliseum Drive * Macon, Georgia 31217 * (404) 424-9966
<https://sos.ga.gov/georgia-state-board-podiatry-examiners>

APPLICATION FOR INITIAL LICENSURE AS A PODIATRIST

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 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.

Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.

All applicants must pass the NBPME “American Podiatric Medical Licensing Examination” (APMLE), Parts I, II, III (formally the PMLexis) national exam before licensure.

Application Checklist

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

The \$50.00 non-refundable & non-transferable application fee payable to Georgia State Board of Podiatry must be included with application.

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.

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 Federation of Podiatric Medical Examiners (www.fpmb.org) and request that they forward your scores directly to the Board.

❑ FINGERPRINT BACKGROUND CHECK: Please register to have your fingerprints taken then submit your application or complete them simultaneously. If no application is on file with the Board within 30 days of your print registration, approval to get printed will be declined and you will need to pay another fee to register for prints. Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia State Board of Podiatry Examiners website at <https://sos.ga.gov/georgia-state-board-podiatry-examiners> under “Forms” section for “POD FIELDPRIINT-GAPS Fingerprinting Instructions.” Applicants **must register** with FIELDPRIINT and follow the guidelines found on their website at <https://www.fieldprintgeorgia.com>. **DO NOT MAIL FINGERPRINT CARDS TO THE BOARD. THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.** **** DISCLAIMER: The Georgia State Board of Podiatry Examiners is not responsible for unacceptable or rejected fingerprints. The vendor is responsible for providing acceptable fingerprints. As of June 1, 2020, your application signals to staff to approve you to get your prints taken. Once approved, you will receive an email informing you to go to a print location to get printed within 90 days of the date of notification. As a result, it is imperative that you complete your fingerprints within that timeframe. If you fail to do so, you will have to pay an additional registration fee with FIELDPRIINT-GAPS. Your results are only available for thirty (30) days from the date you submit your prints; therefore, after prints have been taken, you must notify the Board by sending an email to PLB-Healthcare2@sos.ga.gov. If the thirty (30) days have expired and your results are no longer available on the FIELDPRIINT SITE, you may be required to have your prints retaken. PLEASE NOTE: If you want to challenge the accuracy of the background results or need to correct or update the record, you will be given 30 days to do so in the manner prescribed on the Privacy Rights you were provided.**

❑ 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.

❑ DEGREE TRANSCRIPT: All applicants for licensure must have graduated from an approved American Podiatric Medical Association college. 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.

❑ OTHER STATE LICENSURE CERTIFICATION: 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.

- CERTIFICATE OF RESIDENCY:** A Certificate of Residency for one year must be sent to the board office. (See Board Rule: Board Rule 500-2-.01) If your residency will not be completed until June 30th, please have the Training Director or Department Chair send a letter 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.

- 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.

- PERSONAL INFORMATION:** If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.

- ACTIVE DUTY STATUS (if applicable):** If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.

PART II – PROFESSIONAL EDUCATION

Highest Degree Earned: _____ Doctorate

Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate

College/university): _____

Dates Attended: _____ Graduation Date: _____

Major: _____ Degree(s) Earned: _____

Name/Address of Graduate School/University: _____

Dates Attended: _____ Graduation Date: _____

Major: _____ Degree(s) Earned: _____

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

Type of Training: _____

Dates Attended: _____

Have you completed an APMA accredited residency program? () Yes () No **If yes, please attach certificate/letter of completion.**

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.

PART III – PROFESSIONAL CERTIFICATION

Have you taken and passed the NBPME "American Podiatric Medical Licensing Examination" (APMLE - formally known as PMLexis) exam? () Yes () No

An official copy of the scores must be submitted to this office. Mail with application materials or have Federation of Podiatric Medical Examiners (www.fpmb.org) send your scores directly to the Board.

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 **If yes, please list the location(s) and date(s) of operation for previous Podiatry offices:**

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: _____

PART V – BACKGROUND INFORMATION

Instructions: If you answer YES to any of the following questions, attach a signed letter of explanation, relevant documents and a description of the current status for arrest charges. You must attach a certified copy of the court’s final disposition or board order if the case has been adjudicated.

Have you registered to have your fingerprint background check approved? **If no, you must do so within 30 days of submitting your application to the Board. Visit the “Application/Form Downloads” section on the Georgia State Board of Podiatry Examiners website at <https://sos.ga.gov/georgia-state-board-podiatry-examiners> to download the “POD - COGENT-GAPS Instructions.”** () Yes () No

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.) **If yes, please attach an explanation and have the official documents sent to Board office.** () Yes () No

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? **If yes, attach a signed letter of explanation.** () Yes () No

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? **If yes, attach a signed letter of explanation.** () Yes () No

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

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

Podiatry – License # _____

Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot 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(g). 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.

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

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

_____ An unexpired 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]1

_____ An unexpired 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]

_____ An unexpired 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]

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

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

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired 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]

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

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

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

_____ An unexpired 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]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [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)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



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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: _____ Expiration date: _____

Current License Status: Active Inactive Expired Probation Surrendered
 Suspended

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)



Office of the Secretary of State
Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
 _____ Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check ONLY one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website](http://gbi.georgia.gov/obtaining-criminal-history-record-information) (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.