



GEORGIA STATE BOARD OF PODIATRY EXAMINERS
237 Coliseum Drive
Macon, Georgia 31217-3858
Phone (404) 424-9966

<https://sos.ga.gov/georgia-state-board-podiatry-examiners>

**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.

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 If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.

Application Checklist

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

\$60.00 (\$50.00 application fee + \$10.00 processing fee) **non-refundable & non-transferable application fee**

(Payable to Georgia State Board of Podiatry Examiners)

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.

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 FIELDPRINT-GAPS Fingerprinting Instructions." Applicants **must register** with FIELDPRINT 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 FIELDPRINT-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 FIELDPRINT 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.**

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.

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

Have you completed an APMA accredited residency program? () Yes () No

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: _____

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.**



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize **GEORGIA STATE BOARD OF PODIATRY EXAMINERS** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
 Employment with elder care (Purpose code 'N')
 Employment with children (Purpose code 'W')

You must select one of the four options below for the number of days for authorization:

This authorization is valid for

1. _____ 90 days
2. _____ 180 days
3. _____ days from date of signature
4. I, _____, give consent to the

above named to perform periodic criminal history background checks for the duration of my employment with this company.

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 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]

_____ 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]

_____ A 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]

_____ An 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 law¹ [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: _____

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)