

Application for Podiatry Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 3

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____ 5. _____
City, State, Zip Code *E-Mail Address*
6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
9. Male Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question #11 – #16 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

17. **Type of Application:** Examination Endorsement Temporary

Professional Education

18. _____ 19. _____
Name of Professional Institution *Degree Date*
20. National Board of Podiatric Medicine Examination:
 Part I _____
Month/Day/Year
 Part II _____ Are official scores ordered? Yes No
Month/Day/Year

INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

TEMPORARY LICENSE: (Issued for one year - May be annually renewed at the discretion of the Board)

- Complete the application form and pay the non-refundable application fee of \$120. Make check or money order payable to the Iowa Board of Podiatry.
- Official copies of academic transcripts verifying graduation from a college of podiatric medicine approved by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association. Transcripts must be sent directly from the school to the board office.
- Official NBPME scores - Part I and Part II sent directly from NBPME
- Furnish an affidavit by the institution director or dean of an approved podiatric college from Iowa, attesting that the applicant has been accepted into a residency program. The residency program must be approved by the CPME of the American Podiatric Medical Association
- Official verification from all states where you are currently, or were previously licensed. These must be sent directly to this office from the original board office. Web-based verifications may be substituted directly from the jurisdictions board office if the verification provides the licensee's name, date of initial licensure, current licensure status and any disciplinary action taken against the license.

EXAMINATION OR ENDORSEMENT:

- Complete the application form and pay the non-refundable application fee of \$120. Make check or money order payable to the Iowa Board of Podiatry.
- Official NBPME scores – Part I, Part II, and Part III sent directly from NBPME
- Official copies of academic transcripts verifying graduation from a college of podiatric medicine approved by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association. Transcripts must be sent directly from the school to the board office.
- Passing score reports for Part I, Part II, and Part III of the NBPME examination shall be sent directly from the examination service to the board office.
- Graduates from a podiatry college on or after January 1, 1995 shall present documentation of successful completion of a residency approved by the American Podiatric Medical Association's Council on Podiatric Medical Education.
- Applicants who passed Part III of the NBPME examination more than three years prior to application date must submit official verification of podiatry practice for one of last three years.
- All applicants applying by **endorsement** shall submit an official verification from all states where you are currently, or were previously licensed. These must be sent directly to this office from the original board office. Web-based verifications may be substituted directly from the jurisdictions board office if the verification provides the licensee's name, date of initial licensure, current licensure status and any disciplinary action taken against the license.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov

Online license verification:

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

1. Go to www.licensediniowa.gov
2. Select "License Search".
3. Insert the licensee's name or license number.
4. Select the profession from the dropdown list. "Podiatry"
5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the Iowa board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. **Mail the original completed application bearing signature in ink to:**

**Iowa Board of Podiatry
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**

www.idph.state.ia.us/licensure