

NORTH CAROLINA

Board of Podiatry Examiners

1500 Sunday Drive, Suite 102 Raleigh, NC 27607-5151 (919)861-5583 phone (919) 787-4916 fax www.ncbpe.org info@ncbpe.org A hard copy (no email) 2"x2", passport-quality, photo taken 60 days prior to the date of this application should be placed here, to be used as part of the identification process at examination time. Photo should not exceed the size of this box.

Please Type or Print	2020 Application	on for NC Pod	liatry License	For Office Use					Date of Application
Number: Number: Number: Social Security Number Last Name First Name Middle Name Middle Name Middle Name State Zip Code	Regular Temporary Military Clinical Residency in NC			Date Received		Approved	Approved Denied		
Social Security Number	Please Type or F	Print		Check/Money (Order Numbe		1 🗆 2 🛚		
Home Mailing Address City State Zip Code Telephone Number: Home Mobile Business Email Are you a U.S. Citizen? YES NO Date of Birth Hilitary Service: Are you now or have you ever been a member of the Armed Forces of the U.S.? YES DNO Yes, have you been Awarded an MOS in podiatry? YES Date: your Spouse currently serving in the military? YES Date: sive dates of qualifying active military service: Entered: Separated: Branch: Rank Iducation Schools Name and Location Dates Attended (mm/yy) Graduate/ Complete Major/Minor Course Type of Degree Received High School YES NO College(s) YES NO Graduate or Professional YES NO Other: Residencies, internships, allowship training, YES NO						Number:			
Telephone Number:	Social Security Nu	ımber	Last Name		Fi	rst Name			Middle Name
Telephone Number:									
Are you a U.S. Citizen?	Home Mailing Add	Iress	•		Ci	ty		State	Zip Code
Are you a U.S. Citizen?									
Schools Name and Location Dates Attended (mm/yy) Graduate/ Complete Major/Minor Course Received	Telephone Numbe	r: 🛚 Home	☐ Mobile ☐ E	Business	Email				
Yes, have you been Awarded an MOS in podiatry? □ YES □ Date: syour Spouse currently serving in the military? □ YES □ NO □ Separated: Separated: Branch: Rank Entered: Separated: Branch: Rank Separated: Branch: Rank	Are you a U.S. Citi	zen? 🔲 YES	G □ NO		Date of B	irth			
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High School College(s) University (s) Graduate or Professional Other: Residencies, internships, ellowship training,	Schools	Name and	d Location				Maior/Mir	nor Course	
College(s) University (s) Graduate or Professional Other: Residencies, internships, ellowship training,		Tume and	a 2 00a			YES□	aje.,		
University (s) Graduate or Professional Other: Residencies, internships, ellowship training,	High School					NO 🗆			
University (s) Graduate or Professional Other: Residencies, internships, ellowship training,	College(s)					VESI			
Professional Other: Residencies, internships, ellowship training,									
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	internships,								
	If you pass all the re ☐ Yes ☐ No (Exp	equirements and are plain Answer)	approved for licensu	re in the state of	North Carolin	na, do you int	end to pract	tice here im	mediately?
If you pass all the requirements and are approved for licensure in the state of North Carolina, do you intend to practice here immediately? ☐ Yes ☐ No (Explain Answer)	(
If you pass all the requirements and are approved for licensure in the state of North Carolina, do you intend to practice here immediately? Yes □No (Explain Answer)									
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State .	Date of Issue	Expiration Date	<u>Disciplina</u>	ary Actions	How License was Obtained		
			□Yes	□No	□Examination □Temporary □	Reciprocit	ty
			□Yes	□No	□Examination □Temporary □	1 Reciproci⁴	ity
			□Yes	□No	□Examination □Temporary □	Reciprocit	ty
						Yes	No
lease Chec	k the Appropriate Colum	nn for Each Question.					
ave you eve	r had a license revoked, s	suspended, or cancelled?					
ave you eve	r been denied a license?						
200 001 000	r boon donied the priviled	e of taking an examination?					
ave you eve	i been denied the privileg	e or taking an examination?					
ave you eve	er been dropped, suspend	ded, warned, placed on sch	olastic or disci	plinary probatio	n, expelled or requested to resign		
om any scho	ool, college, or university of	or advised by any such scho	ol or institution	to discontinue	your studies therein?		
ave you eve	r been a defendant in a le	gal action involving profession	onal liability (m	alpractice), bee	en named in a malpractice suit, had		
professiona	l liability claim paid on you	ur behalf or paid such a clain	n yourself?				
ave you eve	r been a patient for the tre	eatment of mental illness?					
ave you eve	r been addicted to alcoho	or drugs?					
3//5 //011 6//6	r been convicted of a felo	inv2					
ave you eve	i been convicted of a felo	illy!					
you answer	ed YES to any of the prev	ious questions, PLEASE GI	VE DETAILS:	(Use a separate	sheet, if necessary)	<u>. </u>	
ave you tak	en this examination previo	ously? □Yes □No					
yes, when?	(month/year)						
o you wish a	any special accommodation	ons for the exam because of	disability?	☐ Yes ☐ No			
yes, please	attach a description of yo	our needs.					
riefly state	your reasons for applyi	ng to North Carolina for a l	icense to pra	ctice podiatric	medicine. Please reply in your o	wn handv	writin

IMPORTANT INFORMATION TO ALL CANDIDATES

- Candidates who fail the annual examination are not eligible for licensure through reciprocity.
- Candidates who fail the annual examination may request a review of individual test scores but may not see the examination questions for security reasons. The Board of Examiners will consider a request for review of individual test scores only when it is in writing and received within thirty (30) days after the test results have been released.
- Candidates who fail the examination and are granted a review will absorb all costs of this review unless the review takes place at a regular meeting of the Board of Podiatry Examiners.
- 4. Candidates who pass the licensure examination must pay the initial license fee of \$100.00 prior to **April 30** of the year of licensure or be subject to the same restrictions placed on all Podiatrists who do not renew their licenses by that date.
- 5. This application, with a check or money order made payable to the **NC Board of Podiatry Examiners** for the non-refundable application and examination fee of \$350.00, must be sent to the **NC Board of Podiatry Examiners**, **1500 Sunday Drive**, **Suite 102**, **Raleigh**, **NC 27607-5151**, before it can be processed, but no later than eight (8) weeks prior to the exam date.
- 6. The following required documentation must also be received in the office of the Board of Podiatry Examiners eight (8) weeks (**September 10**, **2020**) prior to the exam date (**November 6-7, 2020**) to complete eligibility to sit for the examination. (*Temporary Military and NC Clinical Residency applications may be submitted without fee at any time during the year.*)
 - A. Proof of an education equivalent to four (4) years of high school instruction is required (e.g. photocopy of diploma, GED, or letter from HS.)
 - B. Official Transcript of pre-podiatry college studies from "a college or university approved by the American Association of Colleges and Universities" showing a minimum of three (3) years of study sent directly from the institution.
 - C. Proof of Graduation from pre-podiatry college studies. A copy of the diploma or a letter from the school will suffice.
 - D. Official Transcript of Podiatry School studies sent directly from the institution.
 - E. Proof of graduation from Podiatry School accredited by the Council of Podiatry Medical Education. A copy of the diploma or a letter from the school will suffice.
 - F. National Board Examination (APMLE) Grades (Parts I and II) sent directly from the Federation of Podiatric Medical Boards.
 - G. National Board of Examination (APMLE) Grades Part III (PM Lexis Scores) sent directly from the Federation of Podiatric Medical Boards (*not required for Temporary Military or Clinical Residency License applications*).
 - H. Three certificates of recommendation (must be notarized). (See following section.)
 - Verification of completion of a minimum of one-year clinical residency sent directly from the residency director of the hospital, medical center, or surgery center. (Temporary Military/Clinical Residency License applications, a letter from your residency director stating that you are currently in a clinical residency and dates of such).
 - J. If applicable, verification of licensure in other state or territory sent directly from that state(s) and/or territory(ies).
- 7. The 2020 exam will be held at the Hilton Raleigh North Hills, 3415 Wake Forest Road, Raleigh, NC 27609; November 6-7, 2020.
- 8. Candidates who successfully pass the November examination are required to attend a practice-and ethics-training exam, considered a second part of the November licensing exam, usually held in late January, with the actual date announced at the November examination. Licenses are issued after the practice and ethics examination is successfully completed.
- 9. Failure to notify the Board of Podiatry Examiners office of cancellation may result in a forfeiture of all fees paid.
- 10. Candidates who fail the exam may apply to the Board for re-examination within a period of one (1) year and be entitled to re-examination upon the payment of the examination fee and resubmission of an updated application. However, no more than two re-examinations shall be permitted prior to going through the entire re-application process.

to going through the entire re-application process.					
Signature of Applicant (unsigned applications will not be processed)	Date				

References:

Please ask three persons, none of whom is a student or relative, preferably practicing podiatrists, who have known you for the past four years to serve as a reference indicating your character, dependability, podiatric practice expertise and responsibility. They can use the provided Certificate of Recommendation form or a formal letter of reference. **These forms/letters must be notarized** and should be sent to the North Carolina Board of Podiatry Examiners, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607.

Todiatry Examiners, 1300 Suriday Drive, Suite 102, Naieigri, No 27007.						
		List here the names of the persons from whom we may ex	pect to receive letters			
	Name of Reference	Street Address	City/State/Zip			
1.						
2.						
3.						

Applicant's Oath:	
	med in this application for a license to practice podiatric
medicine in the State of North Carolina, that all statements I have made herein are true, tha	
in the various forms and credentials furnished to this Board with my application. The Photog	, ,
was taken within sixty days prior to the date of this application.	graph submitted heretolore is a true interiess of myself and
	and in the State of North Carolina under the Employee Fair
I hereby certify that I have read and understand that Employee Misclassification is prohibit	
Classification Act and that any employer found to have engaged in employee misclassificati	
or other monies by any State agency as a result of misclassifying one or more employees w	•
civil penalty of no greater than one thousand dollars (\$1,000) per misclassified employee fo	• • •
understand that the Board shall deny the license of any applicant who fails to comply with the	·
renew a license should the holder be found to have engaged in employee misclassification.	
I further state that by filing this application for a license to practice podiatric medicine in the	•
have an investigation made as to my moral character, professional reputation and fitness fo	
to a criminal background check. I agree to give any further information which may be requir	• •
receive a copy of the report or know its contents and I further understand that the contents of	of the investigative report will be privileged unless determined
otherwise by court order.	
I authorize and request every person, hospital, clinic, community, governmental agency (lo	- •
other organization having control of any documents, records and other information pertainin	ig to me to furnish to the North Carolina Board of Podiatry
Examiners or any of its agents or representatives to inspect and make copies of such docur	nents, records and other information in connection with this
application, subsequent licensure or practice thereunder.	
I hereby release, discharge and exonerate the North Carolina Board of Podiatry Examiners	s, its agents or representatives and any person so furnishing
information, from any and all liability of every nature and kind arising out of the furnishing or	inspection of such documents, records, other information, or
the investigation made by the North Carolina Board of Podiatry Examiners. I authorize the I	North Carolina Board of Podiatry Examiners to release
information, material, documents, orders or the like relating to me, or this application, to any	other agency of the State of North Carolina or the podiatric
medicine licensing agency of any other state or territory of the United States or province of 0	Canada, when and if they deem it appropriate.
Signature of Applicant (unsigned applications will not be processed)	Date
THIS APPLICATION MUST BE NOTARIZED:	
THIS APPLICATION MUST BE NOTARIZED:	
STATE:	NOTARY:
COLINITY	Notary Public Seal
COUNTY:	
Subscribed and sworn to before me this day of	
, 20	
	My commission expires: