



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 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.

Application for Podiatry License <input type="checkbox"/> Regular <input type="checkbox"/> Temporary Military <input type="checkbox"/> Clinical Residency in NC		For Office Use Only		Date of Application	
		Date Received			
Please Type or Print		Check/Money Order Number		Group	1 <input type="checkbox"/> 2 <input type="checkbox"/>
				Number:	
Social Security Number		Last Name		First Name	
				Middle Name	
Mailing Address				City	State
				Zip Code	
Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business				Email	
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO				Date of Birth	
Military Service: Are you now or have you ever been a member of the Armed Forces of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, have you been Awarded an MOS in podiatry? <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO Is your Spouse currently serving in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____					
Education					

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Graduate/ Complete	Major/Minor Course	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Other:</i> Residencies, internships, fellowship training, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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)

Have you ever been licensed to practice podiatry in another state or territory? Yes No
 If yes (please obtain a license verification directly from the following state(s) or territory(ies) and have it submitted directly to the NC Board of Podiatry Examiners):

State	Date of Issue	Expiration Date	Disciplinary Actions	How License was Obtained
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Examination <input type="checkbox"/> Temporary <input type="checkbox"/> Reciprocity
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Examination <input type="checkbox"/> Temporary <input type="checkbox"/> Reciprocity
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Examination <input type="checkbox"/> Temporary <input type="checkbox"/> Reciprocity

	Yes	No
Please Check the Appropriate Column for Each Question.		
Have you ever had a license revoked, suspended, or cancelled?		
Have you ever been denied a license?		
Have you ever been denied the privilege of taking an examination?		
Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign from any school, college, or university or advised by any such school or institution to discontinue your studies therein?		
Have you ever been a defendant in a legal action involving professional liability (malpractice), been named in a malpractice suit, had a professional liability claim paid on your behalf or paid such a claim yourself?		
Have you ever been a patient for the treatment of mental illness?		
Have you ever been addicted to alcohol or drugs?		
Have you ever been convicted of a felony?		
If you answered YES to any of the previous questions, PLEASE GIVE DETAILS: (Use a separate sheet, if necessary)		
Have you taken this examination previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when? (month/year)		
Do you wish any special accommodations for the exam because of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please attach a description of your needs.		
Briefly state your reasons for applying to North Carolina for a license to practice podiatric medicine. Please reply in your own handwriting.		

IMPORTANT INFORMATION TO ALL CANDIDATES

1. Candidates who fail the annual examination are not eligible for licensure through reciprocity.
2. 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.
3. 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 June 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. The following required documentation must also be received in the office of the Board of Podiatry Examiners eight (8) weeks (September 7, 2017) prior to the exam date (November 3-4, 2017) 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 National Board of Podiatric Medical Examiners.
 - G. National Board of Examination (APMLE) Grades Part III (PM Lexis Scores) sent directly from the Federation of Podiatric Medical Boards or the National Board of Podiatric Medical Examiners (*not required for Temporary Military or Clinical Residency License applications*).
 - H. Three certificates of recommendation (must be notarized). (See following section.)
 - I. 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).
6. The 2017 exam will be held at the Greensboro Marriott Downtown, 304 North Greene Street, Greensboro, NC, November 3-4, 2017.
7. 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.
8. Failure to notify the Board of Podiatry Examiners office of cancellation may result in a forfeiture of all fees paid.
9. 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.

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 27607-5151.

List here the names of the persons from whom we may expect to receive letters

Name of Reference

Street Address

City/State/Zip

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Applicant's Oath:

I, _____, hereby certify under oath that I am the person named 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, that I am the original and lawful possessor of and person named in the various forms and credentials furnished to this Board with my application. The Photograph submitted heretofore is a true likeness of myself and was taken within sixty days prior to the date of this application.

I hereby certify that I have read and understand that Employee Misclassification is prohibited in the State of North Carolina under the Employee Fair Classification Act and that any employer found to have engaged in employee misclassification may be assessed back taxes, wages, benefits, penalties or other monies by any State agency as a result of misclassifying one or more employees within the previous three calendar years and be assessed a civil penalty of no greater than one thousand dollars (\$1,000) per misclassified employee for any future instances of employee misclassification. I further understand that the Board shall deny the license of any applicant who fails to comply with this certification requirement as well as revoke or refuse to 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 State of North Carolina, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of podiatric medicine. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records and other information pertaining 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 documents, 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, 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 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 Canada, when and if they deem it appropriate.

Signature of Applicant (unsigned applications will not be processed)

Date

THIS APPLICATION MUST BE NOTARIZED:

STATE: _____

NOTARY: _____

COUNTY: _____

Notary Public Seal

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires: _____