

# Exhibit G



## California Board of Podiatric Medicine Public Board Meeting Minutes Los Angeles, California October 16, 2009

1 A public meeting of the California Board of Podiatric Medicine (BPM) was held October 16,  
2 2009 in the Ayres Hotel, 14400 Hindry Avenue, Hawthorne, CA.

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4 Due notice had been sent to all known interested parties.

### 5 6 **1. Call to order/Member roll call**

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8 Vice President Wrubel called the meeting to order at 9:05 AM.

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10 A quorum was established with the following Members present:

11  
12 Karen L. Wrubel, DPM  
13 Raymond K. Cheng, AIA  
14 Aleida Gerena-Rios, MBA  
15 James R. La Rose, DPM  
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17 Dr. Wrubel welcomed and introduced the following persons:

- 18  
19
  - Gary Duke, the Board's new Department of Consumer Affairs staff counsel
  - Jeff D. Toney, policy analyst in DCA's Division of Legislative and Policy Review
  - Andrew Miazga, a new liaison and JD candidate, Center for Public Interest Law, University of San Diego
  - Jeffrey D. Haupt, DPM, California Podiatric Medical Association Board liaison
  - Carlos Ramirez, senior assistant attorney general

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26 Mr. Ramirez briefed the Board on current activities and plans of the Attorney General's Health  
27 Quality Enforcement Section, of which he is the chief.  
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### 29 30 **2. Vice President's report**

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32 Dr. LaRose moved and Ms. Gerena-Rios seconded a motion approving the June 5 minutes,  
33 which passed on a 4-0 vote.  
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**3. Public Outreach Committee**

On a 4-0 vote, the Board approved Mr.Cheng’s motion seconded by Ms. Gerena-Rios to approve the the draft Notice to Consumers for publication as a proposed rule making (Title 16, California Code of Regulations, Section 1355.4) so that the Board could hold a public hearing at the next meeting, in order to implement Business and Professions Code Section 138 in a like manner to the Medical Board.

**4. Professional Practice Committee**

The Board approved 4-0 a motion by Ms. Gerena-Rios seconded by Mr. Cheng to support amendments to B&P Code Section 651 eliminating BPM authority to approve specialty certifying boards other than those recognized by the profession pursuant to Council on Podiatric Medical Education procedures.

**5. 2010 Meeting Dates**

Ms. Gerena-Rios moved and Dr. LaRose seconded meeting dates for 2010. The motion passed 4-0:

- Thursday, February 18, Los Angeles
- Monday, July 26, Sacramento
- Friday, October 15, Los Angeles

**6. Election of Officers for 2010**

Dr. Wrubel and Dr. LaRose were elected President and Vice President on 4-0 votes on motions by Ms. Gerena-Rios. The President motion was seconded by Dr. LaRose and that for Vice President was by Dr. Wrubel. A motion by Ms. Gerena-Rios seconded by Mr. Cheng passed 4-0 to make the appointments effective immediately.

**7. Adjournment**

Having completed its agenda and taken action where necessary, the Board adjourned at 11:15 AM.

Submitted to the Board for approval February 18, 2010.

APPROVED:

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President  
Board of Podiatric Medicine

Exhibit

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# STRATEGIC PLAN

## 2008-10

Adopted June 6, 2008

### OUR MISSION

The mission of the Board of Podiatric Medicine is to ensure protection of consumers under the laws of California through the setting and enforcement of contemporary standards and the provision of accurate and timely information that promotes sound consumer decision-making.

### OUR VISION

The Board's public policy leadership will enhance continuing competence standards, informed consumer choice, and open access to high-quality foot and ankle care.

### OUR VALUES

BPM values . . .

- representing the public
- responsiveness to consumers and licensees
- public access to information, assistance and service
- integrity and competence in serving the public
- collaboration with other organizations
- proactive approaches that prevent patient harm

## GOALS AND OBJECTIVES

GOAL 1. *Maintain excellence of service within current resources.*

Objectives:

1.1 Continue operations without backlogs.

Major activities:

- Manage licensing and enforcement programs to stay current daily without additional staff
- Support licensing and enforcement coordinators as chief program officers of Board
- Keep focused on core functions of licensing and enforcement

1.2 Maintain the issuance of licenses the same day all requirements met.

Major activities:

- Maintain close communication with applicants
- Pursue housekeeping amendments to Regulations for clarity
- Sponsor primary source verification legislation and enforce it

1.3 Keep expediting investigation of consumer complaints and prosecution of open cases.

Major activities:

- Support Enforcement Coordinator
- Achieve Staff Manager promotion recognizing breadth of responsibility
- Continue monitoring enforcement matrix reports on case processing timeframes

1.4 Maintain quality probation monitoring.

Major activities:

- Continue retired annuitant program
- Assess alternatives for cost and effectiveness
- Insure Board's final orders are effectively enforced

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1.5 Maintain national leadership in Continuing Competence program.

Major activities:

- As the only doctor-licensing program in the nation implementing this long-recommended reform in the organized medicine literature, do it well
- Support the Licensing Coordinator, recognizing her critical core contributions
- Monitor the longitudinal decline in consumer complaints and respond appropriately to opportunities to serve as ambassadors for preventing patient harm rather than responding to it once harm has been done

1.6 Continue licensure of all residents and annual review and approval of schools and graduate medical education programs.

Major activities:

- Maintain the Residency License requirement ever minimizing the occasional incidents of unlicensed residency practice that disserve all involved
- Seek sunseting of the four-year cap on graduate medical training
- Consider whether school and residency approvals should be nationalized now or in the future, or if California’s program should be maintained

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3 GOAL 2. *Maintain credibility and respect of BPM's integrity.*  
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5 Objectives:  
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- 7 2.1 Continue the public-service ethic so many have contributed to over succeeding decades, realizing  
8 BPM as an institution is of great importance to patients and the profession.  
9

10 Major activities:  
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- 12 • Emphasize the statutory mission  
13 • Support Board development and the Members' importance as a Board  
14 • Promote the goals and objectives of the Board  
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- 16 2.2 Remain open, candid and responsive.  
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18 Major activities:  
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- 20 • Maintain unspotted positive press coverage  
21 • Build on confidence from profession to enhance consumer outreach  
22 • Support Departmental programs  
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- 24 2.3 Represent the public  
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26 Major activities:  
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- 28 • Maintain BPM culture that licensee and lay Board Members are equal  
29 • Maintain BPM culture that licensee and lay Board Members have same statutory role  
30 • Maintain BPM culture that licensee and lay Board Members all represent the public at large  
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- 32 2.4 Maintain good government values  
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34 Major activities:  
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- 36 • Reflect well on California State government  
37 • Focus on the positive aspects and developments  
38 • Take opportunities as they present themselves to advance public policy  
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3 GOAL 3. *Work collaboratively with other organizations.*  
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5 Objectives:  
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7 3.1 Utilize Departmental services and follow its lead.  
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9 Major activities:  
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- 11
  - 12 • Fine tune Applicant Tracking System (ATS)
  - 13 • Implement i-Licensing in 2009 for online credit card transactions
  - 14 • Distribute orthotics brochure and Departmental press release
  - 15 • Pursue Spanish language brochure on diabetic foot care
  - 16 • Participate in annual DCA Board and Bureau Conferences  
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18 3.2 Maintain liaison with California Podiatric Medical Association.  
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20 Major activities:  
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- 22
  - 23 • Maintain good liaison with CPMA Board
  - 24 • Continue participation at House of Delegates
  - 25 • Continue exhibiting at Western Podiatric Medical Congress  
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27 3.3 Continue involvement with Federation of Podiatric Medical Boards.  
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29 Major activities:  
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- 31
  - 32 • Seek continuation of a California representative on FPMB Board
  - 33 • Maintain dues and attendance at FPMB Annual Meeting
  - 34 • Support updates to Model Law as indicated, e.g., equivalent exams  
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3 GOAL 4. *Remove barriers to podiatric medical care.*

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5 Objectives:

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7 4.1 Consider sponsoring reciprocity statute (facilitating alternative exams).

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9 Major activities:

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  - 12 • Develop options, pros & cons for Board vote
  - 13 • Liaison with organized podiatric medicine, Department and Legislature
  - 14 • Facilitate easier movement of California licensees to other States and reciprocity of qualified out-of-State licensees in California

15  
16 4.2 Support Legislative consideration of full FPMB *Model Law* scope of practice for benefit of Californians.

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19 Major activities:

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  - 22 • Coordinate with CPMA in five-year follow-up to AB 932 of 2004
  - 23 • Support efficient delivery of high quality care in all California health facilities
  - 24 • Work with the profession as it develops its evolution, standards and direction for the future

25 4.3 Support inclusion in State’s publicly-supported health science teaching centers.

26  
27 Major activities:

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  - 30 • Support Western University initiatives
  - 31 • Encourage CPMA’s participation in coalitions for UC-Merced and UC-Riverside
  - 32 • Keep focus on obtaining UC-sponsored podiatric medical residency programs
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## OUR STAKEHOLDERS -- THEIR NEEDS AND WANTS

BPM's success depends on a clear understanding of our statutory mission and the needs of the public.

Our public stakeholders include:

- Consumers, who seek accurate and timely information about providers.
- Licensees, who seek expeditious and accurate services, fair administration of the law, and timely and accurate communication on issues of interest to them.
- Applicants, who seek expeditious and accurate services, fair administration of the application process, and timely and accurate communication on issues of concern.
- Health facilities, which seek clear licensing information.
- Staff, who seek clear direction, recognition by management, and training programs to better serve our stakeholders and grow professionally.
- Other state agencies, which seek accurate and timely information.
- The Legislature, exercising its lawmaking, authorization, budgeting and oversight roles.

## ENVIRONMENTAL SCAN

External environment factors include:

- Fiscal Challenges -- BPM must do the best job possible with the resources available.
- Accountability -- BPM seeks to follow the soundest possible administrative procedures.
- Advancing Technology -- BPM attempts to stay current to the fullest extent practicable.
- Business and the Economy -- As an agency that licenses doctors treating millions of Californians annually, the health care community expects BPM to operate efficiently and partner to protect podiatric medical patients.
- Changing Demographics -- California's population is increasing, aging and growing more diverse every day.

# Exhibit

## I



## POSTION DESCRIPTION FOR BOARD MEMBERS

As a **Board of Directors**, the Board is responsible for good governance of the agency. Appointed as representatives of the **public**, the Board presses for realization of opportunities for service and fulfillment of its obligations to all constituencies. The Board meets fiduciary responsibility, guards against the taking of undue risks, determines priorities, and generally directs organizational activity. It delegates administration to its executive officer, but remains involved through oversight and policy making. The board members are ultimately accountable for all agency actions.

As a **judicial body**, the Board serves as a jury. The members must be careful to avoid *ex parte* communications with licensees, attorneys, and staff regarding upcoming proposed decisions from administrative law judges that the Board must review based only on the legal record.

### Specific Contributions

1. Articulate agency mission, values, and policies.
2. Review and assure executive officer's performance in faithfully managing implementation of Board policies through achievement of staff goals and objectives.
3. Ensure that staff implementation is prudent, ethical, effective, and timely.
4. Assure that management succession is properly being provided.
5. Punctuate ongoing review of executive officer performance with annual evaluation against written Board policies at a noticed public meeting.
6. Ascertain that management effectively administers appropriate staff policies including a code of ethics and conflict of interest statements.
7. Ensure staff compliance with all laws applicable to the Board.
8. Maximize accountability to the public.

Adopted by the Board of Podiatric Medicine 12/6/91



## **POSITION DESCRIPTION FOR BOARD PRESIDENT**

The President is responsible for the effective functioning of the Board, the integrity of Board process, and assuring that the Board fulfills its responsibilities for governance. The President instills vision, values, and strategic thinking in Board policy making. She/he sets an example reflecting the Board's mission as a state licensing and law enforcement agency. She/he optimizes the Board's relationship with its executive officer and the public.

### Specific Contributions

1. Chair meetings to ensure fairness, public input, and due process.
2. Appoint Board committees.
3. Support the development and assist performance of Board colleagues.
4. Obtain the best thinking and involvement of each Board member. Stimulate each one to give their best.
5. Coordinate evaluation of the executive officer.
6. Continually focus the Board's attention on policy making, governance, and monitoring of staff adherence to and implementation of written Board policies.
7. Facilitate the Board's development and monitoring of sound policies that are sufficiently discussed and considered and that have majority Board support.
8. Serve as a spokesperson.
9. Be open and available to all, remaining careful to support and uphold proper management and administrative procedure.

Adopted by the Board of Podiatric Medicine 12/6/91



## POSITION DESCRIPTION FOR EXECUTIVE OFFICER

The chief executive officer reports and is accountable to the full Board. He/she accepts responsibility for the success or failure of all Board operations.

### Specific Contributions

1. Lead staff planning to achieve Board goals and ensure that implementation adheres to Board policies, and is effective, prudent, ethical, and timely.
2. Ensure that the Board is properly informed on the condition of the agency and major factors influencing it, without bogging it down in detailed staff work or with unorganized information.
3. Annually evaluate the agency's performance.
4. Make certain there is adequate funding to achieve the Board's policies.
5. Manage agency's enforcement program so as to ensure both (a) vigorous prosecution of Medical Practice Act violations and (b) fairness, due process, and proper administrative procedures as required under the Administrative Procedure Act.
6. See that there is adequate, effective staffing. Motivate staff. Develop training, professional development, and career ladder opportunities. Build teamwork. Delegate responsibilities without abdicating accountability.
7. Develop an office climate and organizational culture that attracts and keeps quality people.
8. Provide for management succession.
9. Develop annual goals and objectives and other appropriate staff policies.
10. Serve as the agency's chief spokesperson and see that the Board is properly presented to its various publics.

Adopted by the Board of Podiatric Medicine 12/6/91



**POLICY DECISION: Promotional Reference to the Board of Podiatric Medicine (BPM) by Expert Witnesses and/or Examination Commissioners**

Licenses acting as expert witnesses or examination commissioners shall not reference their affiliation with the BPM in any promotional activity or advertisement.

Method of Adoption: Board Vote

Date of Adoption: February 28, 1986

Revision Date: May 3, 2002





**POLICY DECISION: Minimum Requirements for New Medical Consultants, Experts, and Examiners**

1. Hold a current and valid California license to practice podiatric medicine.
2. Have completed at least one year of postgraduate medical education with two years preferred up until 2010, at which time it will be mandatory.
3. Be certified by the American Board of Podiatric Surgery.
4. Have surgical staff privileges in at least one general acute care hospital facility.
5. Must not have been subject to disciplinary action by the BPM, i.e., the filing of an Accusation or Statement of Issues that was not withdrawn or dismissed.
6. Must not be under BPM investigation for a violation of any laws relating to the practice of medicine at the time of appointment or be the subject of such a case pending in the Attorney General's office.
7. Must not have been the subject of a field investigation by the BPM within the last five (5) years that was not closed and deleted from Medical Board records.
8. In the event of a conflict of interest, must recuse themselves from the review or examination.

Method of Adoption: Board Vote  
Date of Adoption: June 5, 1987  
Revision Date(s): December 7, 1990  
January 25, 1994  
November 6, 1998  
May 5, 2000  
November 3, 2000  
June 6, 2003



Medical Board of California

**BOARD OF PODIATRIC MEDICINE**

2005 Evergreen Street, Suite 1300, Sacramento, CA 95815

Phone: 916.263.2647

Fax: 916.263.2651

WWW.BPM.CA.GOV



**POLICY DECISION: Delegation of Authority Concerning Stay Orders**

The authority to approve or deny a Petition for Stay Order is delegated to the board's executive officer.

Method of Adoption: Board Vote

Date of Adoption: May 5, 1995

# Exhibit

## J



KAREN L. WRUBEL, D.P.M., *President*  
ALEIDA GERENA-RIOS, M.B.A.

RAYMOND K. CHENG, A.I.A.      KRISTINA M. DIXON, M.B.A.  
JAMES J. LONGOBARDI, D.P.M.

JAMES R. LA ROSE, D.P.M., *Vice President*  
NEIL B. MANSDORF, D. P. M.

**Financial Report**  
**Fiscal Year 09/10**  
**(Through 12/31/09)**

• **Overview** ..... **J**

Through the first half of fiscal year 09/10, the Board's stable licensee base has continued to produce steady revenues, while expenditures have remained under control.

The Board of Podiatric Medicine's expenditures through 12/31/09 (FY 09/10) have been lower than previous years due to imposed limitations on contracts and purchases. A department-wide expenditure reduction plan has required all Boards and Bureaus to realize a 15% operating expense reduction for FY 09/10. In addition, the Governor's furlough order has resulted in a 14.2% salary reduction for all staff. For a breakdown of Actual General Office Expenses, see Tab J, page 3.

• **Budget - Fiscal Year 2009/10**

Through 12/31/09, twenty-two percent (22%) of the Board's expenses have been for Departmental/Central Administrative Services, which include: maintenance of licensing and enforcement systems, website maintenance, telecommunications, personnel, pc support, internet services, and other administrative support services.

DCA continues to work with the Department of Finance on BCP-1A, which intends to expand DCA's enforcement staffing levels in order to reduce enforcement timelines and backlogs. Since MBC handles a majority of BPM's enforcement processes, Medical Board Shared Services are projected to increase in order to fund the additional staffing necessary to implement the goals set forth within the BCP.

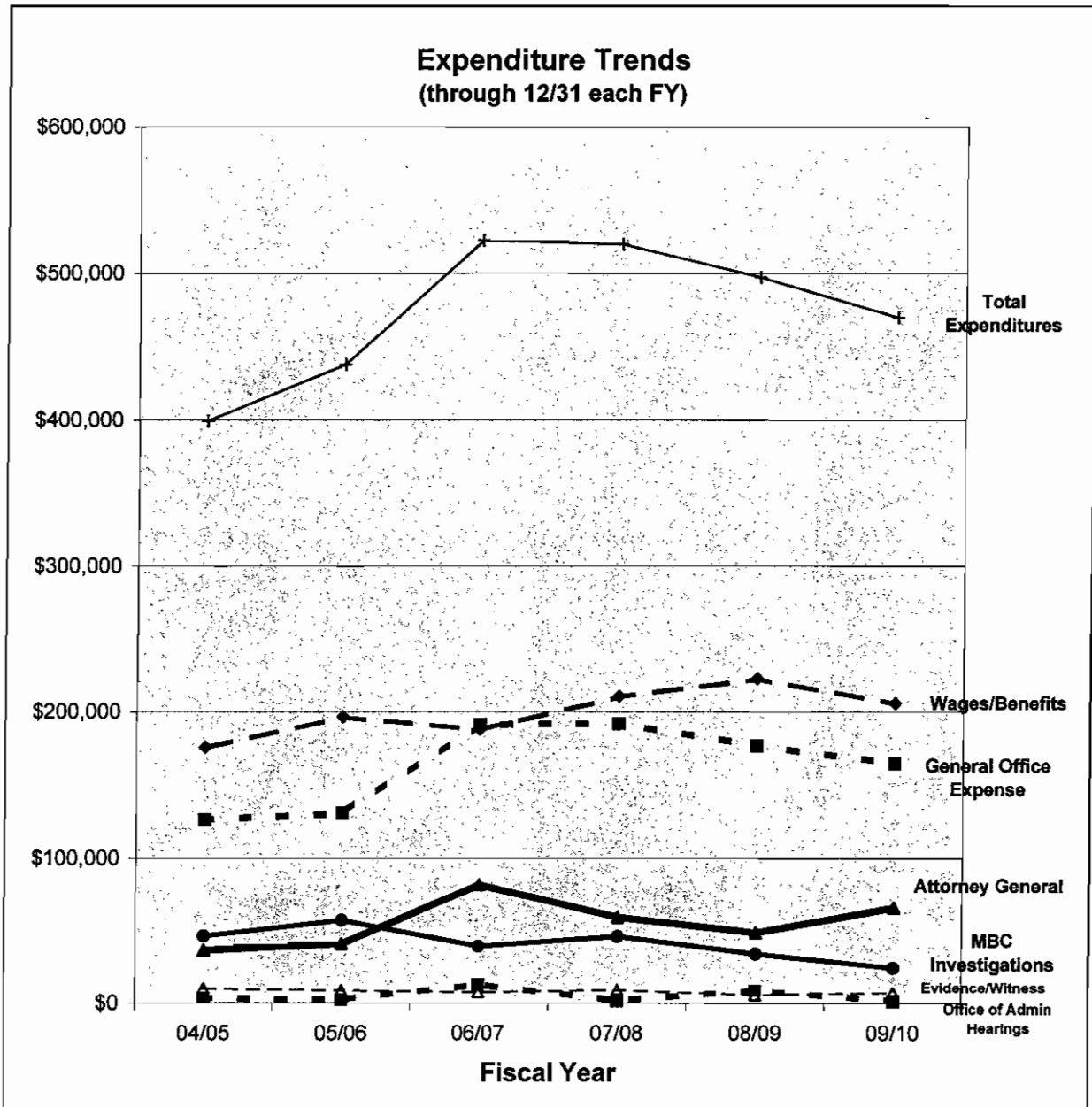
A recent Executive Order (S-01-10) required most departments to propose a 5% salary reduction for FY 09/10. BPM has complied with this request, but does not anticipate any programmatic effects since it is expected that DCA Boards and Bureaus will be able to use excess funding from Operating Expenses to offset the target reduction.

- § Expenditure Trends (FY 04/05 through FY 09/10) (Chart)
- § Breakdown of Actual General Office Expenses (FY 04/05 through FY 09/10)

• **Fund Condition**

The enclosed fund conditions show projections using BPM's actual and future planned expenditures and DCA's plan, which assumes full budget expenditure. Note that while BPM's projection provides a more accurate and positive outlook, a potentially declining reserve balance indicates a need to continue monitoring revenues and expenditures.

- § BPM Fund Condition **[BPM]** Projection through 6/30/13]
- § BPM Fund Condition **[DCA]** Projection through 6/30/13]



	04/05	05/06	06/07	07/08	08/09	09/10
Wages/Benefits	\$175,671	\$196,486	\$188,136	\$210,460	\$222,758	\$205,784
General Office Expense	\$126,188	\$130,580	\$191,298	\$191,990	\$176,826	\$164,530
Attorney General	\$36,843	\$41,282	\$81,737	\$59,499	\$48,740	\$66,025
Office of Admin Hearings	\$3,471	\$2,574	\$13,568	\$1,702	\$9,127	\$1,320
Evidence/Witness	\$10,748	\$9,480	\$7,844	\$9,624	\$5,778	\$7,487
Court Reports	\$0	\$0	\$679	\$447	\$99	\$0
MBC Investigations	\$46,560	\$57,423	\$39,465	\$46,290	\$34,274	\$24,846
<b>TOTAL</b>	<b>\$399,481</b>	<b>\$437,825</b>	<b>\$522,727</b>	<b>\$520,012</b>	<b>\$497,602</b>	<b>\$469,992</b>

\*See the following page for a breakdown of General Office Expenses.

**Breakdown of Actual General Office Expenses**

Through 12/31 each Fiscal Year

Expenses include amount encumbered.

	FY	FY	FY	FY	FY	CY
	04/05	05/06	06/07	07/08	08/09	09/10
<b>Fingerprints</b>	\$1,008	\$816	\$728	\$767	\$899	\$873
<b>General Expense</b>	\$4,727	\$4,513	\$11,737	\$6,684	\$5,322	\$3,975
Dues & Memberships	\$1,800	\$1,800	\$2,200	\$2,200	\$2,325	\$2,325
Misc Office Supplies	\$772	\$1,029	\$1,210	\$429	\$359	\$765
Gen Expense - Film/Transcription Services	\$0	\$0	\$0	\$0	\$0	\$0
Freight & Drayage	\$874	\$729	\$5,076	\$2,402	\$272	\$457
Admin Overhead - Other	\$38	\$61	\$2,603	\$306	\$2,277	\$106
Mtg/Conf/Exhibit/Sho 217.00	\$723	\$0	\$0	\$682	\$0	\$300
Library Purch/Subscrip	\$520	\$894	\$648	\$665	\$89	\$17
Other	\$0	\$0	\$0	\$0	\$0	\$5
<b>Printing/Copier expense</b>	\$1,174	\$2,538	\$3,686	\$1,697	\$3,355	\$2,802
<b>Communications</b>	\$2,636	\$2,050	\$2,321	\$2,859	\$2,396	\$2,924
<b>Postage</b>	\$1,863	\$1,434	\$1,978	\$1,115	\$1,017	\$1,120
<b>Travel: In-State</b>	\$5,579	\$2,524	\$1,860	\$5,599	\$4,035	\$3,690
<b>Travel: Out-of-State</b>	\$355	\$535	\$210	\$1,111	\$0	\$0
<b>Training</b>	\$0	\$0	\$0	\$23	\$23	\$0
<b>Facilities Operations <sup>1</sup></b>	\$21,108	\$21,752	\$54,563	\$24,669	\$38,877	\$41,554
<b>C/P Services - Interdepartmental</b>	\$574	\$0	\$0	\$0	\$0	\$0
<b>Departmental Services <sup>2</sup></b>	\$62,418	\$66,117	\$91,828	\$113,036	\$88,010	\$83,457
Office of Information Systems (OIS) - Pro Rata					\$19,416	\$16,476
Indirect Distrib Cost (DCA Administrative Pro Rata)					\$24,252	\$24,696
Interagency Svcs					\$0	\$0
Shared Svcs - MBC Only <sup>3</sup>			\$50,097	\$36,506	\$40,694	\$37,983
Division of Investigation (DOI) - Pro Rata					\$978	\$966
Public Affairs - Pro Rata					\$1,206	\$2,160
Consumer Education (CCED) Pro Rata					\$1,464	\$1,176
<b>Consolidated Data Centers</b>	\$2,995	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Data Processing</b>	\$0	\$0	\$0	\$745	\$0	\$0
<b>Central Administrative Services <sup>4</sup></b>	\$0	\$0	\$0	\$23,737	\$27,245	\$21,135
<b>Examinations</b>	\$16,355	\$18,308	\$17,862	\$0	\$0	\$0
<b>Major Equipment</b>	\$5,371	\$6,717	\$0	\$2,465	\$0	\$0
<b>Minor Equipment</b>	\$25	\$278	\$1,525	\$4,233	\$2,650	\$0
<b>Special Adjustments</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Other</b>	\$0	\$0	\$3	\$250	\$0	\$0
<b>SUBTOTAL</b>	\$126,188	\$130,582	\$191,301	\$191,990	\$176,829	\$164,530
<b>ADJUSTMENTS</b>	\$0	-\$2	-\$3	\$0	-\$3	\$0
<b>TOTAL</b>	\$126,188	\$130,580	\$191,298	\$191,990	\$176,826	\$164,530

<sup>1</sup> 06/07 - \$30,000 for move to Evergreen Street .

<sup>2</sup> 07/08 - \$65,000 for Applicant Tracking System (ATS).

<sup>3</sup> Costs associated with Licensing, Enforcement and Consumer services provided by Medical Board (see next page for breakdown of MBC svcs)  
FY 06/07 costs reflect one quarter only.

<sup>4</sup> Charges for support of Personnel Board, Dept. of Finance, State Controller, State Treasurer, Legislature, Governor's Office, etc.

Included in Departmental Services prior to FY 07/08.

**Breakdown of Medical Board Shared Services**

CY

**09/10**

<b>Medical Board Shared Services</b>	<b>Description</b>	<b>Cost</b>
Discipline Coordination Unit (DCU)	Charges are prorated based on the total number of cases tracked during the prior fiscal year in relation to the cost of maintaining staff for the purposes of performing a wide range of duties associated with the coordination of disciplinary actions.	\$9,370
Consumer Services: Central Complaint Unit (CCU)	Charges are prorated based on the actual number of complaints received during the prior fiscal year in relation to the cost of maintaining staff for the purposes of performing a wide range of duties associated with the management of complaints.	\$26,518
Consumer Information Unit (CIU)	Charges are prorated based on actual verification activity in relation to the cost of maintaining staff support to verify licensure of DPMs for interested parties.	\$0
Podiatric Fictitious Name Permit Registrations	Charges are based on the actual number of permits processed during the prior fiscal year in relation to the cost of maintaining clerical support to perform duties associated with the issuance and maintenance of FNPs.	\$2,095

**TOTAL \$37,983**

**0295 - Podiatric Medicine**  
**Analysis of Fund Condition**

**(BPM PROJECTION)**

(Dollars in Thousands)

Prepared 12/29/2009

**Governor's Budget**

	Actual 2007-08	Actual 2008-09	CY 2009-10	Governor's Budget BY 2010-11	BY+1 2011-12	BY+2 2012-13
<b>BEGINNING BALANCE</b>	\$ 1,199	\$ 1,079	\$ 1,023	\$ 918	\$ 769	\$ 600
Prior Year Adjustment	\$ (2)	\$ 14	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,197	\$ 1,093	\$ 1,023	\$ 918	\$ 769	\$ 600
<b>REVENUES AND TRANSFERS</b>						
Revenues:						
125600 Other regulatory fees	\$ 4	\$ 6	\$ 5	\$ 5	\$ 5	\$ 5
125700 Other regulatory licenses and permits	\$ 47	\$ 46	\$ 50	\$ 50	\$ 50	\$ 50
125800 Renewal fees	\$ 815	\$ 815	\$ 811	\$ 811	\$ 811	\$ 811
125900 Delinquent fees	\$ 3	\$ 4	\$ 3	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 53	\$ 24	\$ 9	\$ 9	\$ 6	\$ 4
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 922	\$ 896	\$ 878	\$ 878	\$ 875	\$ 873
Transfers from Other Funds						
F00683 Teale Data Center (CS 15.00, Bud Act 2005)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 922	\$ 896	\$ 878	\$ 878	\$ 875	\$ 873
Totals, Resources	\$ 2,119	\$ 1,989	\$ 1,901	\$ 1,796	\$ 1,644	\$ 1,473
<b>EXPENDITURES</b>						
Disbursements:						
8860 FSCU (State Operations)				\$ 1		
8880 State Controller ( State Operations)	\$ 3	\$ 1	\$ 1	\$ 2	\$ -	\$ -
<u>Budget Act of 2010</u>						
1110 Program Expenditures (State Operations) - G	\$ 1,037	\$ 965	\$ 982	\$ 1,024	\$ 1,044	\$ 1,065
OE&E Savings (Approved by Agency)			\$ -			
<u>2010-11 BCPs - Program</u>						
1110-1B Cal Licensing Systems BCP						\$ 1
Total Disbursements	\$ 1,040	\$ 966	\$ 983	\$ 1,027	\$ 1,044	\$ 1,066
<b>FUND BALANCE</b>						
Reserve for economic uncertainties	\$ 1,079	\$ 1,023	\$ 918	\$ 769	\$ 600	\$ 407
<b>Months in Reserve</b>	13.2	12.5	10.7	8.8	6.8	4.5

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
- B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2010-11



**0295 - Podiatric Medicine**  
**Analysis of Fund Condition**

(Dollars in Thousands)

**(DCA PROJECTION - FULL BUDGET EXPENDITURE)**

Prepared 12/29/2009

**Governor's Budget**

	Actual 2007-08	Actual 2008-09	CY 2009-10	Governor's Budget BY 2010-11	BY+1 2011-12	BY+2 2012-13
<b>BEGINNING BALANCE</b>	\$ 1,199	\$ 1,079	\$ 1,023	\$ 627	\$ 97	\$ (460)
Prior Year Adjustment	\$ (2)	\$ 14	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,197	\$ 1,093	\$ 1,023	\$ 627	\$ 97	\$ (460)
<b>REVENUES AND TRANSFERS</b>						
Revenues:						
125800 Other regulatory fees	\$ 4	\$ 6	\$ 5	\$ 5	\$ 5	\$ 5
125700 Other regulatory licenses and permits	\$ 47	\$ 46	\$ 50	\$ 50	\$ 50	\$ 50
125800 Renewal fees	\$ 815	\$ 815	\$ 811	\$ 811	\$ 811	\$ 811
125900 Delinquent fees	\$ 3	\$ 4	\$ 3	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ 1	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 53	\$ 24	\$ 6	\$ 2	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 922	\$ 896	\$ 875	\$ 871	\$ 869	\$ 869
Transfers from Other Funds						
F00683 Teale Data Center (CS 15.00, Bud Act 2005)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 922	\$ 896	\$ 875	\$ 871	\$ 869	\$ 869
Totals, Resources	\$ 2,119	\$ 1,989	\$ 1,898	\$ 1,498	\$ 966	\$ 409
<b>EXPENDITURES</b>						
Disbursements:						
8860 FSCU (State Operations)				\$ 1		
8880 State Controller ( State Operations)	\$ 3	\$ 1	\$ 1	\$ 2	\$ -	\$ -
<u>Budget Act of 2010</u>						
1110 Program Expenditures (State Operations) - G	\$ 1,037	\$ 965	\$ 1,270	\$ 1,398	\$ 1,426	\$ 1,455
OE&E Savings (Approved by Agency)			\$ -			
<u>2010-11 BCPs - Program</u>						
1110-1B Cal Licensing Systems BCP						\$ 1
Total Disbursements	\$ 1,040	\$ 966	\$ 1,271	\$ 1,401	\$ 1,426	\$ 1,456
<b>FUND BALANCE</b>						
Reserve for economic uncertainties	\$ 1,079	\$ 1,023	\$ 627	\$ 97	\$ (460)	\$ (1,047)
<b>Months in Reserve</b>	13.2	9.7	5.4	0.8	(3.8)	(8.5)

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
- B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2010-11

# Exhibit K



## LICENSING AND MEDICAL EDUCATION COMMITTEE

### • Overview and Statistics

- ❖ The results of the National Board's Part III exam held December 2, 2009 revealed an 88% pass rate. The next Part III exam is scheduled for June 2, 2010.
- ❖ Licensing numbers remain consistent as shown in Exhibit L.

### • Ankle Certification Examination

- ❖ The Board is examining two candidates for Ankle Certification concurrently with the February 18, 2010 Board Meeting. This examination allows doctors licensed prior to January 1, 1984 to perform ankle surgery, amputations, and surgical assistance to MDs. [B&P 2472, 2499.5 (k)]

### • Fingerprinting Regulations

- ❖ The State of California, Office of Administrative Law, approved new regulations that will require all licensees that do not currently have their fingerprints on electronic record with DOJ to provide fingerprints. Licensees would also be required to disclose criminal convictions and disciplinary actions taken against his or her license. Finally, no license may be issued or renewed without complying with these new requirements. This regulatory action became effective on 10/16/2009.
- ❖ Letters were mailed out to Doctors of Podiatric Medicine licensed prior to January 1, 1964 offering them guidance and assistance with this new requirement as shown in Exhibit M.

### • Residency Program Applications

- ❖ Residency Program Applications for 2010-11 will be mailed out by the Board in February 2010. Since the next Board Meeting does not take place until July, after the next residency cycle begins, Board staff will contact the Licensing and Medical Education Committee to gain approval prior to the July Board Meeting.

Submitted by:

Bethany DeAngelis  
Licensing Coordinator  
February 2010

# Exhibit

# L

## BOARD OF PODIATRIC MEDICINE

### LICENSE STATUS SUMMARY – FEBRUARY 2010

License Status	E – Permanent	EFE – Fee-exempt*	EL – Resident's	Inactive	FNP – Fict.Name	Total
Valid	1801	209	113	45	396	2564
Delinquent	139	51	n/a		288	478
CME Not Adeq.	3	4	n/a		n/a	7
Failed CME Audit	0	n/a	n/a		n/a	0
Revoked	58	2	0		0	60
Vol. Surrender	35	4	0		0	39
Canceled	1708	177	n/a		563	2448
Deceased	176	52	0		n/a	228

\* Fee-exempt licenses are retired, military, or disabled status.

Submitted by:

Bethany DeAngelis  
Licensing Coordinator  
February 2010



**LICENSING STATISTICS BY FISCAL YEAR**

<b>New licenses issued</b>		<b>Active/inactive licenses*</b>	
1991/92	76	1991/92	2108
1992/93	53	1992/93	2134
1993/94	56	1993/94	1962
1994/95	41	1994/95	1924
1995/96	31	1995/96	1849
1996/97	69	1996/97	1845
1997/98	75	1997/98	1858
1998/99	63	1998/99	1853
1999/00	61	1999/00	1751
2000/01	76	2000/01	1755
2001/02	76	2001/02	1808
2002/03	71	2002/03	1834
2003/04	76	2003/04	1868
2004/05	54	2004/05	1851
2005/06	43	2005/06	1837
2006/07	60	2006/07	1836
2007/08	55	2007/08	1848
2008/09	47	2008/09	1895
2009/10	30 to date	2009/10	1895 to date

\* fee-exempt categories and residents excluded

Submitted by:

Bethany DeAngelis  
 Licensing Coordinator  
 February 2010



**RESIDENT'S LICENSES (EL) – FEBRUARY 2010**

Category	Number of Residents by Year of Training				
	Year 1	Year 2	Year 3	Year 4	Total
FELLOWSHIP	0	0	0	0	0
PM&S-24	2	2	0	0	4
PM&S-36	36	36	37	0	109
POR	0	0	0	0	0
PPMR	0	0	0	0	0
PSR-12	0	0	0	0	0
PSR-24/PSR-24+	0	0	0	0	0
RPR	0	0	0	0	0
<b>TOTAL</b>	<b>38</b>	<b>38</b>	<b>37</b>	<b>0</b>	<b>113</b>

PM&S-24 Podiatric Medicine & Surgery - 24 Months  
 PM&S-36 Podiatric Medicine & Surgery - 36 Months  
 POR Podiatric Orthopedic Residency  
 PPMR Primary Podiatric Medical Residency  
 PSR-12 Podiatric Surgical Residency - 12 Months  
 PSR-24 Podiatric Surgical Residency - 24 Months  
 PSR-24+ Podiatric Surgical Residency – 36 Months  
 RPR Rotating Podiatric Residency

Prepared by:

Bethany DeAngelis  
 Licensing Coordinator  
 February 2010

# Exhibit

## M





STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR  
Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
2005 Evergreen Street, Suite 1300, Sacramento, CA 95815  
P (916) 263-2647 F (916) 263-2651 WWW.BPM.CA.GOV



January 20, 2010

(address block)

Subject: New Fingerprinting Requirement

Dear Dr. \_\_\_\_\_:

The State of California is now requiring healthcare licensees to have fingerprints on file at the California Department of Justice *prior to renewing their license.*

The Board of Podiatric Medicine must thus require doctors such as yourself who were licensed before January 1, 1964, when the Board initiated its fingerprint requirement for licensure, to comply with the new fingerprinting requirement prior to renewal in an Active status. The requirement is waived for those renewing in Inactive, Retired, Disabled or Military status.

There are two methods to complete the fingerprinting requirement. Live Scan is recommended in order to shorten the processing time. For out-of-state doctors without access to Live Scan in California, a fingerprint hard card can be substituted.

Enclosed is a fact sheet with further information and the Request for Live Scan Service form.

*Please complete this fingerprinting requirement now without delay.* We appreciate your cooperation and apologize for the inconvenience.

Please call me at 916-263-2649 if you have any questions.

Thank you,

Bethany DeAngelis  
Licensing Coordinator  
916-263-2649



## INFORMATION ON RETROACTIVE FINGERPRINTING

### **New Fingerprint Requirement**

Regulations were recently approved requiring submission of fingerprints upon license renewal if the licensee was not fingerprinted by the Board or for whom a record of fingerprints no longer exists). **This requirement applies to DPMs licenced prior to January 1, 1964, since fingerprints were not required for licensure prior to that date.** DPM's are required to be fingerprinted by the California Department of Justice (DOJ) in order to renew the license, and must indicate on the renewal whether the requirement has been met. **Fingerprinting by another agency or your employer is not sufficient to meet this requirement.**

There is a one-time processing of your fingerprints in order to maintain a current and active DPM license in California. The current processing fee for DOJ is \$51. In addition, a print "rolling" fee of \$5 to \$45 will be required at the fingerprinting site. The fingerprinting requirement will be waived if the license is renewed in an inactive, retired, disabled or military status. However, a request to have an alternate status license activated will require fingerprints be submitted if the Board does not have fingerprint records for the licensee on file with DOJ. Fingerprints, if required, may be submitted anytime prior to the renewal.

There are two methods available for completing the fingerprint requirement. One method is Live Scan and is recommended for DPMs in California in order to shorten the processing time. The second method for DPMs without access to Live Scan is a fingerprint card (hard card).

### **Method 1 – Live Scan Process**

If you are in California, you may use the Live Scan service. A Live Scan form is enclosed for your convenience. Begin by completing the form and taking three copies to a Live Scan site along with your fee for processing. At the Live Scan site, your fingerprints will be electronically scanned and transmitted immediately to DOJ for processing. After you have had your fingerprints scanned, be sure to return the second copy of your Live Scan form to the Board (either with your renewal or mailed separately.) The first copy of the form will be kept by the Live Scan Operator and the third copy is for your personal records.

Visit <http://ag.ca.gov/fingerprints/publications/contact.htm> to locate Live Scan sites. Hours of operation and fees vary, so please contact the Live Scan site directly for information. **The Board can only accept Live Scans completed in California.**

### **Method 2 – Manual Fingerprint Card (Hard Card)**

Out-of-state applicants must contact the Board to request that fingerprint cards (hard cards) be mailed to them. Fingerprint cards should be completed by a local law enforcement office and returned directly to the Board for processing.

California Department Of Consumer Affairs  
**Medical Board of California**  
**Board Of Podiatric Medicine**

### **Live Scan Information**

Before the BPM can issue a license to participate in a California podiatric residency program or to practice podiatric medicine in California, a criminal record clearance must be obtained by both the state Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). In the past, the Board has required all applicants to submit fingerprint cards in order to facilitate these necessary clearances. However, another option is now available.

California's DOJ has implemented Live Scan, an electronic fingerprinting system with subsequent automated background check and response. The goal of this system is to expedite the background clearance process, both state and federal. For applicants residing in California or in close proximity to California, the BPM is able to offer this alternative to the traditional paper and ink fingerprint cards. Since Live Scan administered by the California DOJ, scanning sites are only located in California. A complete listing of Live Scan sites is available on DOJ's web site at: <http://ag.ca.gov/fingerprints/publications/contact.htm>. You are encouraged to call the site to make an appointment. You may be required to pay a rolling fee determined by the local Live Scan agency.

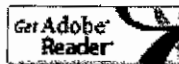
Those applicants utilizing the Live Scan process must take the completed Request for Live Scan Service application to a scanning site for processing; without this application, your fingerprint clearance cannot be provided to the Board, and your licensure will be delayed. Please note this form will print 3 pages, as the application must be in triplicate. After the scanning process is complete, the Live Scan operator will return the second and third copy of the form. Please submit the second copy with your license application. The third copy is for your records. [Click here](#) for the Request for Live Scan Service.

The BPM can make either of these options available to applicants. While the cost to process Live Scan and paper fingerprint cards is the same, Live Scan provides a more expeditious response; traditional fingerprint cards can take up to 60 days, while Live Scan results are usually available within 48 - 72 hours.

Out-of-state applicants must contact the Board to request that fingerprint cards be mailed to them. Fingerprint cards should be completed by a local law enforcement office and submitted with the license application.

Additional information regarding fingerprinting: Because applicants from medical professions are required to be concerned with sanitary issues, they wash and scrub their hands so often that images of the fingerprints are often difficult to read. When impressions are of poor quality, they cannot be searched in the DOJ's and FBI's fingerprint database and are usually rejected (whether Live Scan or card). Therefore, please advise the individual processing your prints that extra care needs to be taken to ensure that clear impressions have been made. The FBI has advised that the application of Cornhusker's Lotion to the pads of the fingers for a period of 10-14 days will generate the regrowth of fingerprint ridges.

This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.



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**REQUEST FOR LIVE SCAN SERVICE**  
**Applicant Submission**

ORI: A0434 Type of Application: License, Certification, Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:  
Board of Podiatric Medicine 03802  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

2005 Evergreen Street, Suite 1300 Bethany DeAngelis  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95815 (916) 263-2649  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL- BIL - 100026  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: N/A  
Street or P.O. Box

Place of Birth: \_\_\_\_\_ N/A  
City, State and Zip Code

SOC# \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A

Employer Name \_\_\_\_\_

N/A N/A  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A ( ) N/A  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

Exhibit

N



FEBRUARY 4, 2010

**TO: ALL CALIFORNIA-BASED RESIDENCY PROGRAM DIRECTORS**

**Subject: Application for Residency Program Approval**

Dear Residency Director:

An application for your program for the 2010/2011 training year is enclosed. The Board of Podiatric Medicine is required to approve podiatric medical residency programs under Section §2475 of the Medical Practice Act.

Please complete this application and return it to our office **NO LATER THAN MAY 20, 2010**. The board's Licensing and Medical Education Committee will review the applications by June. If your institution offers more than one type of podiatric residency program, please submit a separate application for **each** program. The application form may be duplicated.

**We cannot** issue or renew Resident's Licenses to your resident(s) until this application has been approved and he/she has met all necessary requirements.

**REMINDER: THE FOLLOWING CHANGES IN THE MEDICAL PRACTICE ACT BECAME EFFECTIVE JANUARY 1, 2005:**

- **SECTION §2475.1 REQUIRES PASSAGE OF PARTS I AND II OF THE NBPME EXAMINATIONS PRIOR TO ISSUANCE OF A RESIDENT'S LICENSE.**
- **SECTION §2486 REQUIRES SATISFACTORY COMPLETION OF AT LEAST TWO YEARS OF POSTGRADUATE MEDICAL AND SURGICAL TRAINING APPROVED BY THE COUNCIL OF PODIATRIC MEDICAL EDUCATION PRIOR TO THE ISSUANCE OF A LICENSE TO PRACTICE PODIATRIC MEDICINE.**

***SHOULD AN UNLICENSED RESIDENT PARTICIPATE IN YOUR PROGRAM, YOU MAY BE SUBJECT TO A CITATION AND FINE.***

If you have any questions, please feel free to contact me at (916) 263-2649 or at [bethanydeangelis@dca.ca.gov](mailto:bethanydeangelis@dca.ca.gov).

Thank you for your cooperation,

A handwritten signature in cursive script that reads "Bethany DeAngelis".

Bethany DeAngelis  
Licensing Coordinator  
Board of Podiatric Medicine

Enclosure



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR  
 Medical Board of California  
**BOARD OF PODIATRIC MEDICINE**  
 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815  
 P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov



## APPLICATION FOR APPROVAL RESIDENCY PROGRAMS IN CALIFORNIA 2010/2011

Sponsoring facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type:

- RPR -- rotating podiatric residency
- PSR -- podiatric surgical residency
- POR -- podiatric orthopedic residency
- PPMR -- primary podiatric medical residency
- PM&S-24 -- podiatric medicine and surgery - 24 months
- PM&S-36 -- podiatric medicine and surgery - 36 months

1. Approved by Council on Podiatric Medical Education?.....  yes  no
2. Date of last CPME site visit: \_\_\_\_\_
3. Does program provide each resident at least some podiatric surgical training? .....  yes  no
4. Does the sponsoring facility:
  - (a) meet the general (institutional) requirements of the ACGME?.....  yes  no
  - (b) have a director of medical education?.....  yes  no
  - (c) provide residents emergency medical training through ER rotations?.....  yes  no
  - (d) measure & evaluate progress of residents?.....  yes  no
  - (e) measure & evaluate program effectiveness? .....  yes  no

Signatures:

Program Director	Director of Medical Education	Facility/Hospital Administrator
Printed name	Printed name	Printed name
Telephone	Telephone	Telephone
Date	Date	Date



February 4, 2010

**TO: ALL COLLEGES OF PODIATRIC MEDICINE  
OFFICE OF THE ACADEMIC DEAN**

**SUBJECT: APPLICATION FOR APPROVAL**

Dear Sir/Madam:

Under the California Medical Practice Act Section 2483 and Code of Regulations, colleges of podiatric medicine must be approved by the Board of Podiatric Medicine in order for their graduates to meet licensure requirements in this state.

An application for approval for the 2010/2011 academic year is enclosed. Please complete and return this application **no later than May 20, 2010** as the Board's Licensing and Medical Education Committee will review applications by June.

If you have any questions, please feel free to contact me at (916) 263-2649 or at [Bethany\\_deangelis@dca.ca.gov](mailto:Bethany_deangelis@dca.ca.gov).

Sincerely,

A handwritten signature in cursive script that reads "Bethany DeAngelis".

Bethany DeAngelis  
Licensing Program Coordinator  
Board of Podiatric Medicine

Enclosures





**APPLICATION FOR APPROVAL**  
**SCHOOLS OF PODIATRIC MEDICINE**  
**2010/2011**

Applicants for resident's and regular licensure in California must have graduated from a school approved by the Board of Podiatric Medicine pursuant to Sections §2475 (resident's license) and §2483 (regular licenses) of the State Medical Practice Act and Section 1399.662 of the board's regulations (Title 16, Division 13.9, Article 2).

*Please complete and return this form no later than May 20, 2010.*

Name of school: \_\_\_\_\_

**Required**

1. Accredited by Council on Podiatric Medical Education?..... [ ] yes [ ] no  
(1399.662)
2. Does the curriculum cover all subjects required by §2483?..... [ ] yes [ ] no  
(copy attached)

**Requested**

3. Date of last CPME site visit: \_\_\_\_\_
4. Is the school affiliated with an academic health center? ..... [ ] yes [ ] no  
If yes, please identify: \_\_\_\_\_  
If no, please state briefly how clinical instruction is provided:  
\_\_\_\_\_
5. Does the school provide all students training in performing complete histories and physicals ..... [ ] yes [ ] no
6. Please **enclose** a copy of the school's catalog and any other materials you would like to share.

.....  
Signature of [ ] President or [ ] Academic Dean (please check)

\_\_\_\_\_  
Typed or printed name of person signing

\_\_\_\_\_  
Date