

LICENSE INFORMATION FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

MINIMUM REQUIREMENTS TO APPLY FOR A LICENSE

- ❖ To be eligible for licensure in the state of California as a Doctor of Podiatric Medicine, applicants must have graduated from an approved college or school of podiatric medicine approved by the Podiatric Medical Board of California (PMBC).
- ❖ Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board. A license issued by the Board may be suspended if state tax obligation is not paid. Disclosure of your United States Social Security Number or Individual Taxpayer Identification Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(c)) authorize collection of your social security number. *Reporting a number on your Application that is not your U.S. Social Security Number or Individual Taxpayer Identification Number may be grounds for denial of licensure.*

GENERAL INFORMATION

- ❖ As an applicant, you personally are responsible for all information disclosed on your Application, Forms P1A – P1GB, including any responses that may have been completed on your behalf by others. An application may be denied based upon omissions, falsification or misrepresentation of any item or response on the application or any attachment. The Podiatric Medical Board of California considers violations of an ethical nature to be a serious breach of professional conduct.
- ❖ Current CA Residents: If you are a current 3rd year CA resident wishing to apply for a permanent license, please contact the Board at 916-263-2647 for a list of missing requirements. In most cases, documents submitted for a resident license can be used towards permanent licensure requirements.
- ❖ Processing Times: Application materials are processed in the date order in which the application is received in our office. All application forms and supporting materials are stamped with the date and time received. Generally, you should anticipate receiving written correspondence confirming status of the application for licensure within 15 days of submission of the application.
- ❖ Fingerprints: Applicants who reside in California must complete the electronic *Live Scan* fingerprint process. You will need to use the *Request for Live Scan Service* form included in this Application packet or on our website. Please refer to the following website for a listing of Live Scan facilities in California: <http://ag.ca.gov/fingerprints/publications/contact.php>.

Applicants residing outside California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. If fingerprint cards are needed, please call our office at (916) 263-2647 and they will be mailed to you. All personal data must be completed on the fingerprint cards.

If you have ever been convicted of a misdemeanor or felony, the record of the conviction will be reported to the Board as a result of your fingerprint inquiry. *Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Doctor of Podiatric Medicine License.*

- ❖ Convictions: You are not required to disclose any information or documentation about your criminal history. However, you may choose to provide mitigating information about your criminal history for purposes of determining whether the crime/crimes is/are substantially related to qualifications, functions, or duties of podiatric medicine or to demonstrate evidence of your rehabilitation. Any disclosure about criminal history or mitigating information is VOLUNTARY. Your decision not to disclose this information shall not be a factor in the Board’s decision to grant or deny an application for licensure. If you would like to voluntarily provide the Board with mitigating information, you may do so by attaching the information to your application.
- ❖ Grounds for Denial: Each applicant’s credential for podiatric licensure in California are reviewed on an individual basis. The Board has the authority to deny licensure based upon an applicant’s act(s) of dishonesty, unprofessional conduct, professional misconduct, conviction of a crime, discipline of another state license, or inability to practice medicine safely.

Listed below are the application and supporting material requirements for licensure as a California Doctor of Podiatric Medicine. This list is not all-inclusive as additional information may be necessary based on responses provided on your Application or information obtained from other entities. Please refer to the *License Application Checklist* and our website for further detailed information regarding each requirement.

<input type="checkbox"/>	Application for Doctor of Podiatric Medicine (Form P1A-P1GB) Complete, certify and submit with a photograph.
<input type="checkbox"/>	Background clearance Copy of Live Scan Request form (CA resident) or Two Fingerprint Cards (outside CA).
<input type="checkbox"/>	Application fees of \$149 This includes fees for application processing and background clearance. Please make check or money orders payable to the <i>Podiatric Medical Board of California</i> . To apply online and pay via credit please visit: www.breeze.ca.gov
<input type="checkbox"/>	Official Pre-Professional Postsecondary Education transcripts (from all colleges or universities attended) An original official school transcript, prepared on university letterhead affixed with the signature of the dean or registrar and the school seal is required. A transcript is required from each school of attendance. <i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i>
<input type="checkbox"/>	Official Podiatric Medical Education transcripts (Form P2) An original official medical school transcript, prepared on university letterhead affixed with the signature of the dean or registrar and the medical school seal, documenting all of the basic science and clinical courses completed during the medical curriculum is required. A transcript is required from each school of attendance. <i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i>

<input type="checkbox"/>	<p>License Verification/Letter of Good Standing by State Licensing Agency (if applicable) (Form P3) Forward this form to licensing agencies by any state or country in which you have held a medical license, including temporary or limited/resident licenses. Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.</p>
<input type="checkbox"/>	<p>Certificate of Approved Residency Training (Form P4A – P4B) Forward this form to your Residency Director for completion and return directly to the Board. In lieu of this form, your Residency Director may prepare a letter on official letterhead with original signature, verifying completion of the program. Certification must be completed by each residency program and mailed directly from the residency program to the Board to be acceptable.</p>
<input type="checkbox"/>	<p>Official American Podiatric Medical Licensing Examination (APMLE) Parts I, II & III (PMLexis) Scores Parts I, II & II CSPE – resident license; Parts I, II, II CSPE & III for permanent license Each score report must be an original, official score report received directly from FPMB to the Board to be acceptable.</p>
<input type="checkbox"/>	<p>Memorandum of Understanding for Approved Residency Program Participation <u>or</u> Memorandum of Understanding for “Candidate Status” Residency Program Participation (Form P5A or P5B) Complete and send in with your application acknowledging your participation a residency program.</p>
<input type="checkbox"/>	<p>Disciplinary Databank Report Request this report directly from the Federation of Podiatric Medical Boards (FPMB) website at www.fpmb.org. This report must be received directly from FPMB to the Board to be acceptable.</p>
<input type="checkbox"/>	<p>Explanation to Question # ____ (if applicable) The <i>Explanation to Questions # ____</i> form may be used to provide a detailed written explanation for a “yes” response to a question on the application. The Board will also accept a signed and dated letter of explanation.</p>
<input type="checkbox"/>	<p>Birth Month Licensure Request Complete the <i>Birth Month Request</i> form and submit it with your application.</p>
<input type="checkbox"/>	<p>License fees: Resident/Limited License fee \$100 Permanent License \$900 This fee is payable upon meeting all licensure requirements or at any point during the application process. Please make check or money orders payable to the <i>Podiatric Medical Board of California</i>. To apply online and pay via credit card please visit: www.breeze.ca.gov</p>