INFORMATION AND FILING INSTRUCTIONS - PODIATRIST

Access this form via website at: **cca.hawaii.gov/pvl**

REQUIREMENTS FOR LICENSURE

1) Be a graduate in podiatric medicine from a college approved by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association;

2) CPME approved podiatric residency training:

   a. Complete 24 months in a CPME approved podiatric residency prior to applying for licensure.

   OR

   b. If a graduate of a CPME approved college before January 1, 2004, you shall have:

   - Completed 12 months in a CPME approved podiatric residency;
   - At least 10 years of active licensed experience in podiatric medicine in another state; and
   - A current, unencumbered license in podiatric medicine in another state.

NOTE: If you are a graduate of a CPME approved college before January 1, 2004, but do not meet the requirements of 2.b., you may submit documentation of meeting the podiatric residency training requirement set forth in 2.a.

3) Have passed Parts I, II, and III of the National Board of Podiatric Medical Examiners (NBPME) examination.

Items/documents required when applying:

- Application form
- Fees
- Verification of licensure
- Evidence of a podiatry degree from a college approved by the CPME
- Evidence of podiatric residency training approved by the CPME
- Federation Report
- Examination Scores

INSTRUCTIONS FOR FILING AN APPLICATION AND SUBMITTING THE REQUIRED ITEMS

Complete the online fillable application or print legibly in dark ink and submit directly to the Hawaii Medical Board (HMB). Most of the items on the form are self-explanatory. Those that need explanations are discussed below.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further. The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the National Practitioner Data Bank (NPDB), of any final adverse licensing action against a licensed health care practitioner.

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SOCIAL SECURITY NUMBER (cont'd)

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown on page one, we are authorized to require the Social Security Number).

FEES

ATTACH a check or money order payable to: COMMERCE AND CONSUMER AFFAIRS. (Check must be in U.S. dollars and be from a U.S. financial institution.)

If applying for licensure between February 1, even-numbered year, to January 31, odd-numbered year, pay $315
(Application fee-$50*, License fee-$65, second year of two-year license period-$52, CRF-$148)

If applying for licensure between February 1, odd-numbered year, to January 31, even-numbered year, pay $189**
(Application fee-$50*, License fee-$65, CRF-$74)

*Application fee is not refundable.
**Subject to renewal January 31, even-numbered year, regardless of issue date.

NOTE: One of the legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a $25.00 service fee will be charged for checks which are returned by the bank.

QUESTIONS

In the event the response to the questions numbered 6 through 15 are "YES", please submit a typewritten or a legible handwritten detailed explanation and supplemental information as directed on the application.

EVIDENCE OF PODIATRY DEGREE

ATTACH a copy of your DPM diploma, podiatric medical college transcripts, or a letter from the dean of a podiatric medical college, which provides the date of your graduation from the podiatric medical college.

EVIDENCE OF PODIATRIC RESIDENCY TRAINING

ATTACH a copy of your podiatric residency training certificate or a letter from the program director, which provides the dates of successful podiatric residency training.

VERIFICATION OF LICENSE

On the application, list all podiatric licenses you hold or held, including those for residency training or locum tenens.

ARRANGE to have verification(s) of licensure sent directly to the HMB. To do this, complete the form entitled "VERIFICATION OF LICENSE - PODIATRIST" (Form POD-09), and send it to all the jurisdictions that you are/were licensed in. Duplicate the form as needed.

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FEDERATION REPORT

ARRANGE to have the Federation of Podiatric Medical Boards (FPMB) send directly to the HMB a disciplinary report. To request the disciplinary report, you may order the report online at: http://www.fpmb.org or by mail at: FPMB, 12116 Flag Harbor Drive, Germantown, MD 20874. ****PLEASE NOTE THAT YOU WILL ALSO HAVE TO REQUEST PART III OF THE NBPME EXAM FROM THIS SAME ORGANIZATION**.

SYNOPSIS OF PODIATRIC MEDICAL PRACTICE

Provide a synopsis of your podiatric medical practice from the time you completed residency training to the present. If there have been breaks in your practice, please provide an explanation. Attach additional sheets if necessary.

EXAMINATION SCORES

ARRANGE to have a score report for Parts I and II of the NBPME examination sent directly to the HMB by completing the Part I/II Score Request form which may be obtained online at: http://www.ample.com. Please send the form and $35.00 fee (by credit card, personal check, certified check, cashier's check or money order) made payable to: The National Board of Podiatric Medical Examiners. Mailing or Express Service Address: Prometric, Attn: NBPME, 7941 Corporate Drive, Nottingham, MD 21236. Telephone: (877) 302-8952.

ARRANGE to have a score report for Part III of the NBPME (formerly known as PMLexis) examination sent directly to the HMB. You may request both your score report and disciplinary report online at: http://www.fpmb.org. Alternatively, requests may be printed and mailed to the FPMB with a check to: FPMB, 12116 Flag Harbor Drive, Germantown, MD 20874-1979. Telephone: (202) 810-3762.

If you have not taken Part III of the NBPME, you must register directly with NBPME/Prometric. Please visit: https://www.prometric.com/NBPME to access the online registration form. You will need to complete an online account prior to completing and submitting your registration.

U.S. CITIZEN, U.S. NATIONAL, OR ALIEN AUTHORIZED TO WORK IN THE U.S.

Pursuant to §436B-10, Hawaii Revised Statutes, and federal law, all applicants are required to be a U.S. citizen, U.S. national, or an alien authorized to work in the U.S. This means that even if an applicant meets the education, training and examination requirements for licensure, that applicant will not be issued a license if that applicant is not a U.S. citizen, U.S. national or an alien authorized to work in the United States.

However, the HMB may issue the applicant a conditional approval that signifies that the applicant has met the education, experience and examination requirements for licensure. This conditional approval is not a license to engage in the profession and does not authorize the applicant to work in Hawaii. To obtain authorization to work in the United States, the applicant may contact the U.S. Citizenship and Immigration Services (USCIS) at: http://www.us-immigration.com. Once the applicant submits evidence to the HMB that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number and has met all of the licensing requirements, the applicant may be issued a license, provided that there is no change in the applicant's status or the information that was originally submitted. The Board may ask the applicant to submit up-to-date documents to determine whether there have been any changes and whether the applicant still qualifies for licensure. The conditional approval is valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at the time.

CERTIFICATION OF APPLICANT

Please read the certification at the end of the application, and **sign and date it**.

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RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, and sign and date it.

MAILING ADDRESS

APPLICATION AND DOCUMENTS are to be:

Mailed to:
Hawaii Medical Board
DCCA/PVL - Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Delivered to:
Hawaii Medical Board
DCCA/PVL - Licensing Branch
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

COMPLETE APPLICATION

We are unable to take action on an application unless it is complete. Therefore, please ensure that we have received all the documents necessary. You may call (808) 586-3000 to inquire about the status of your application. If an agency is assisting with your application, we will release this information to them when you provide us with written authorization. (See Release of Information).

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes, but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LICENSE RENEWAL

Podiatry licenses expire on **January 31 of each even-numbered year**.

About 2 months before the license expiration date, a renewal application is mailed to all licensees at their address of record. If you do not receive a renewal application approximately one month prior to the license expiration date, contact the Licensing Branch at (808) 586-3000 for assistance. To ensure that you receive a renewal application, keep the Board informed of your address. Licenses that are not renewed by the deadline are forfeited and the holders of a forfeited license are considered unlicensed and may not practice. After two years license forfeiture, reapplication is required.

LAWS AND RULES

The pertinent laws and rules are posted on our website free of charge at: **cca.hawaii.gov/pvl**. Click on "Medical and Osteopathy". Alternatively, you may obtain copies by sending a written request to: PVL-Licensing Branch, P.O. Box 3469, Honolulu, HI 96801.

1. Chapter 463E, Hawaii Revised Statutes
2. Chapter 85, Hawaii Administrative Rules
3. Chapter 436B, Hawaii Revised Statutes

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Application for Examination/License - PODIATRIST

Access this form via website at: **cca.hawaii.gov/pvl**

Read Information and Filing Instructions before completing this application.

Legal Name (First, Middle)	(Last)
Other Names Used	
Residence Address (include apt. no., city, state and zip code)	
Mailing Address (**ONLY** if different from above)	

Social Security Number	Phone No. (days)	Birth date

FOR BOARD USE ONLY

Approved ☐ Initials/Date:

Denied ☐

License No.	Effective Date:
PO -	

Check answers:

1. Are you at least 18 years of age? ..... ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.? ..... ☐ YES ☐ NO
3. a. Have you taken and passed Parts I and II of the NBPME? ..... ☐ YES ☐ NO
   b. Date requested: _____
4. a. Have you taken and passed Part III of the NBPME? ..... ☐ YES ☐ NO
   b. Date requested: _____

Check answers and <u>provide details</u> as directed for any "YES" response to the questions below:

5. Have you ever held a license in Hawaii? ..... ☐ YES ☐ NO

   If response is "YES", specify type of license and dates below:

   _____

6. With regard to any podiatry medical license to practice in any state or country:
   a) Has it ever been revoked, suspended, placed on probation, surrendered, reprimanded, admonished, or otherwise subject to disciplinary action; or have you ever been issued a letter of concern; or have you ever entered into a consent order or settlement agreement?. ..... ☐ YES ☐ NO
   b) Is any disciplinary action pending against you? ..... ☐ YES ☐ NO
   c) Are you presently being investigated? ..... ☐ YES ☐ NO
   d) Have you ever been denied a license or withdrawn an application for licensure?. ..... ☐ YES ☐ NO

   If response is "YES", attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. Arrange to have certified documents from <u>each</u> state in which disciplinary action was taken or is pending or being investigated sent directly to the Board. (Include Findings of Fact, Conclusion of Law, Recommended Order, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

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Appl	524	$50		CRF	527	$74/$148	
Exam	525	$60		1/2 Ren	520	$52	
Lic.	523	$65		Service Charge	BCF	$25	

Print Name of Podiatrist: _____ Date: _____

7. With regard to any podiatry medical training program or facility, including, but not limited to medical school, residency, or fellowship training programs:

   a) Have you ever been subject to adverse or disciplinary actions (e.g. any remediation, restriction, removal from patient care, probation, suspension, termination, extra training requirement, etc.)? ☐ YES ☐ NO

   b) Is any disciplinary or adverse action pending against you? ☐ YES ☐ NO

   c) Are you presently being investigated? ☐ YES ☐ NO

   d) Have you ever withdrawn or resigned (voluntary or otherwise)? ☐ YES ☐ NO

   e) Have you ever been issued a notice of contract termination, non-renewal or non-promotion? ☐ YES ☐ NO

   If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.

8. With regard to any state, federal, or local controlled substance agency:

   a) Have you ever been subject to disciplinary or adverse actions? ☐ YES ☐ NO

   b) Is any disciplinary or adverse action pending against you? ☐ YES ☐ NO

   c) Are you presently being investigated? ☐ YES ☐ NO

   d) Have you ever been denied or withdrawn an application? ☐ YES ☐ NO

   e) Have you ever been issued a notice of non-renewal or termination? ☐ YES ☐ NO

   If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.

9. With regard to any federal or military professional or disciplinary body:

   a) Have you ever been subject to disciplinary or adverse actions? ☐ YES ☐ NO

   b) Is any disciplinary or adverse action pending against you? ☐ YES ☐ NO

   c) Are you presently being investigated? ☐ YES ☐ NO

   d) Have you ever been denied or withdrawn an application? ☐ YES ☐ NO

   e) Have you ever been issued a notice of non-renewal or termination? ☐ YES ☐ NO

   If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.

10. With regard to any hospital privileging or credentialing body, grievance committee or any other medical group:

   a) Have you ever been subject to disciplinary or adverse actions (e.g. any remediation, proctorship, restriction, removal from patient care, probation, suspension, etc.)? ☐ YES ☐ NO

   b) Is any disciplinary or adverse action pending against you? ☐ YES ☐ NO

   c) Are you presently being investigated? ☐ YES ☐ NO

   d) Have you ever been denied or withdrawn an application for privileges or membership, or have you ever resigned, surrendered, been terminated or failed to renew your privileges or membership? ☐ YES ☐ NO

   e) Have you ever been issued a notice of non-renewal or termination? ☐ YES ☐ NO

   If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.

11. With regard to any medical societies or specialty boards:

   a) Have you ever been subject to disciplinary or adverse actions? ☐ YES ☐ NO

   b) Is any disciplinary or adverse action pending against you? ☐ YES ☐ NO

(CONTINUED ON PAGE 3)

Print Name of Podiatrist: _____ Date: _____

c) Are you presently being investigated? ☐ YES ☐ NO

d) Have you ever been denied or withdrawn an application for membership, or have you ever resigned, surrendered, been terminated or failed to renew your membership? ☐ YES ☐ NO

e) Have you ever been issued a notice of non-renewal or termination? ☐ YES ☐ NO

If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction or organizations involved, relevant dates, action taken, and reason for such action.

12. With regard to professional liability:

a) Have any claims of malpractice ever been filed against you? ☐ YES ☐ NO

b) Has any insurance carrier ever denied, conditioned, curtailed, limited, suspended, or revoked your coverage? ☐ YES ☐ NO

If response is "YES", attach a detailed explanation on a separate sheet, which:

- ***includes the date of the case (month/year), jurisdiction (State, etc.) nature of the case, allegations, and amount paid on your behalf. Information is to be provided on all settlements, judgments, awards, and claims (including those for which no money was paid); and/or***
- ***provides the name and address of your insurance carrier, specific circumstances, date and action taken.***

13. With regard to participation in any health plan or Federal or State health care program:

a) Have you ever relinquished participation or certification, or been denied, terminated, sanctioned, penalized, decertified or otherwise excluded from participation? ☐ YES ☐ NO

b) Have you ever been convicted of insurance fraud? ☐ YES ☐ NO

If response is "YES", attach a detailed explanation on a separate sheet, which includes the bodies of jurisdiction relevant dates, allegations, charges, disposition, action taken and reasons for such action.

14. In the past five years, have you been addicted to, dependent on, or a habitual user of alcohol or of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects? ☐ YES ☐ NO

If response is "YES", attach a detailed explanation on a separate sheet.

15. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO

Explain "YES" response on a separate sheet with detailed information and attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions for each sentence.

	Name of Medical School	Location (City/State or Country)	Degree Earned	Dates (mo/yr) From	To
EDUCATION					

	Name of Residency Program	Location (City/State or Country)	Dates (mo/yr) From	To
INTERNSHIP, RESIDENCY & FELLOWSHIP				

(CONTINUED ON PAGE 4)

Print Name of Podiatrist: _____ Date: _____

SYNOPSIS	Medical Practice (Attach additional sheets if necessary)				Dates (mo/yr) From	To
LICENSES	Name of Jurisdiction (Attach additional sheets if necessary)	Date Issued	Expiration Date	License Number	Date Verification Requested	

CERTIFICATION OF APPLICANT:

I certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that this certification and any misrepresentation are grounds for the denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19, and 463E, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of HRS Chapter 463E and HAR Chapter 85.

_____ _____

Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the HMB and staff to release any and all information regarding my application (including, but not limited to, application status, examination scores, disciplinary or criminal history, Federation Report) to the following third party:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____ Phone Number: _____

_____

_____

_____ _____

Signature of Applicant Date

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.