

INFORMATION AND FILING INSTRUCTIONS - PODIATRIST

Access this form via website at www.hawaii.gov/dcca/areas/pvl

LICENSURE

REQUIREMENTS

To be licensed, you must:

1. Be a graduate in podiatric medicine from a college approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association; and
2. Have passed Parts I, II and III of the National Board of Podiatric Medical Examiners' (NBPME) examination.

APPLICATION

To apply for licensure, you will need to:

1. **Complete** the attached "Application for Examination/License-Podiatrist" legibly in dark ink and submit it with the applicable fees (see fees below) **and** a copy of your diploma or college transcripts, to the Board of Medical Examiners (Board);
2. **Arrange** to have a score report for Parts I and II of the NBPME examination sent **directly** to the Board by contacting the NBPME/Chauncey Group International (P.O. Box 6516, Princeton, NJ 08541-6516; phone: (877) 302-8952) and enclosing a check in the amount of \$35;
3. **Arrange** to have the NBPME Part III Examination (formerly known as PMLexis) score report and disciplinary report sent **directly** to the Board by:
 - Requesting the reports from the Federation of Podiatric Medical Boards, 6551 Malta Drive, Boynton Beach, FL 33437, phone (561) 752-3735 (Enclose a check in the amount of \$95: \$45-score report and \$50-disciplinary report); or
 - Ordering them online at www.fpmb.org.

FEES

4. Send the attached "Verification of License - Podiatrist" to **all** the States in which you are/were licensed. Duplicate form as needed.

If applying for licensure between February 1, even-numbered year,
to January 31, odd-numbered year, pay \$269
(Application fee-\$50*, License fee-\$60, second year of two-year license
period-\$49; CRF-\$110)

If applying for licensure between February 1, odd-numbered year,
to January 31, even-numbered year, pay \$164**
(Application fee-\$50*, License fee-\$60, CRF-\$54)

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

Submit check or money order made payable to **COMMERCE & CONSUMER AFFAIRS**.

Note: One of the numerous 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 \$15.00 service fee will be charged for checks which are returned by the bank.

EXAMINATION AND LICENSURE

REQUIREMENTS

To take the NBPME Part III Examination, you must be a graduate in podiatric medicine from a college approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

APPLICATION

The NBPME Part III Examination is a computer-based test which is administered in June and December of each year. To apply for it, you will need to:

APPLICATION (cont.)

1. Register **directly** with the NBPME/Chauncey Group International **at least 60 days prior to the exam**. Call our Licensing Branch at 808-586-3000 for a registration form, complete it and send it directly to NBPME/Chauncey Group International.
2. Complete the attached "Application for Examination/License - Podiatrist" legibly in dark ink and submit it, with the application fee (see fee below) **and a copy of your diploma or college transcripts**, to the Board **at least 60 days prior to the exam**;
3. Arrange to have a score report for Parts I and II of the NBPME examination sent to the Board by contacting the NBPME/Chauncey Group International (CGI) at P.O. Box 6516, Princeton, NJ, 08541-6516 and enclosing a check in the amount of \$35;
4. If you are/were licensed in other state(s), arrange to have a disciplinary report sent **directly** to the Board by:
 - Requesting the report from the Federation of Podiatric Medical Boards, 6551 Malta Drive, Boynton Beach, FL 33437, phone (561) 752-3735 (Enclose a check in the amount of \$50); or
 - Ordering it online at www.fpmb.org.
5. If you are/were licensed in other State(s), send the attached "Verification of License – Podiatrist" to **all** the States in which you are/were licensed. Duplicate form as needed.

FEES

The application fee is **\$50** and not refundable. **Submit** a check or money order in that amount, made payable to Commerce and Consumer Affairs. (We will notify you of the required license fees when you have passed the NBPME Part III Examination.)

Note: The NBPME Part III Examination fee is to be paid directly to CGI and submitted to them with your registration form.

GENERAL INFORMATION FOR ALL APPLICANTS

BOARD'S ADDRESS

Mail the application and items to:

Board of Medical Examiners
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:

Licensing Branch
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

LICENSE DENIAL

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are renewable biennially on or before January 31 of each even-numbered year. To renew, a fee is due and forty (40) hours of continuing education in podiatry is required. For details on continuing education, refer to subchapter 8 of the Board's administrative rules.

Failure to renew constitutes a "forfeiture" of license. A license that has been forfeited for one renewal term (2 years), shall be automatically terminated and cannot be restored. A new application will be required.

LAWS AND RULES

The pertinent laws and rules are posted on our website free of charge at: www.hawaii.gov/dcca/areas/pvl. Click on **Medical and Osteopathy**.

Alternatively, you may obtain copies by sending a written request to: Licensing Branch, PVL, P.O. Box 3469, Honolulu, HI 96801.

1. Chapter 453, Hawaii Revised Statutes (HRS)
2. Chapter 85, Hawaii Administrative Rules (HAR)
3. Chapter 436B, Hawaii Revised Statutes (HRS)

**ABANDONED
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.

APPLICATION FOR EXAMINATION/LICENSE - PODIATRIST

Name (First,Middle)		(LAST)
Residence Address (Include Apt. no., city, state & zip code)		
Mailing Address (if different from above)		
Other names used:		
Social Security No.	Phone No. (days)	
Date of Birth	Month/Year of exam applying for:	

FOR OFFICE USE

Approved:	Date/Initials:
Date Licensed	License No. PO-

Circle answers and provide details as directed for any "yes" response to the questions below as required:

- 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 United States? YES NO
- 3) Are you a graduate of an approved school of podiatric medicine? YES NO
 Name of School _____ Date Graduated _____
 Location _____
- 4)a. Have you taken and passed Parts I and II of the National Board of Podiatric Medical Examiners' (NBPME) examination? YES NO
 b. Date request for Parts I and II scores made _____.
- 5)a. Have you taken and passed Part III of your NBPME examination? YES NO
 b. If yes, date request for Part III score made _____.
- 6) Do you hold or have you ever held licenses in other states? YES NO
 What states? _____.
- 7) Do you have knowledge of any derogatory information about you in the file of any state agency? YES NO
- 8)a. Has any license ever been suspended, revoked or denied, or otherwise subject to disciplinary action? YES NO
 b. Are there any disciplinary actions pending against you? YES NO
- 9) During the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
(If response is "YES", to questions 7, 8a, 8b, or 9, provide information on the date, place, and type of action or conviction on a separate sheet and attach court documentation on the violation of each conviction and fulfillment of conditions of each sentence.)

Affidavit of Applicant

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for the denial, refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and sections 436B-19, and 453-8, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Chapter 453 and Chapter 85.

_____ Date

_____ Signature of Applicant

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.

Appl	524	\$ 50
Exam	525	\$ 60
Lic	523	\$ 60
CRF	527	\$54/110
½ ren	520	\$ 49
Service Fee	BCF	\$ 25

VERIFICATION OF LICENSE – PODIATRIST

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

State of Hawaii
Board of Medical Examiners

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include apt. no., city, state and zip code)		LICENSE NUMBER
			DATE ISSUED
<p>I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Medical Examiners ("BME") and I authorize the BME and its agents to use the information in evaluating my application.</p> <p style="text-align: center;">Date _____ SIGN HERE _____</p>			

LICENSING AGENCY	<p>This is to certify that the above-named individual was issued license number _____</p> <p>Date license issued: _____</p> <p>Date license expires: _____</p> <p>License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____</p> <p>Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated?) <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain a yes response and attach copy of board's final order and related information.)</p> <p>Is there any derogatory information in your file with respect to the above-named individual:) <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain a yes response and attach copy of board's final order and related information.)</p>	
	<p style="text-align: right;">Exam Date(s):</p> <p>_____</p> <p>_____</p>	
	<p>Signature: _____</p> <p>Title: _____</p> <p>State: _____</p> <p>Date: _____</p> <p style="text-align: right; margin-top: 20px;"><i>BOARD SEAL</i></p>	
<p>TO THE BOARD: Return this form directly to the Hawaii Board of Medical Examiners, P.O. Box 3469, Honolulu, HI 96801.</p>		