

RECIPROCITY PODIATRIC MEDICINE LICENSE APPLICATION INSTRUCTIONS

You may view and/or print the State Board of Podiatric Medicine laws and regulations from the board's website at <http://pr.mo.gov/podiatrists>

What must be submitted to the Board of Podiatric Medicine to begin the application process:

- Completed application
- \$350 application processing fee made payable to the State Board of Podiatric Medicine
(The \$25 Missouri Law Examination Administrative fee can be submitted later or in conjunction with the application fee)
ALL FEES ARE NON-REFUNDABLE
- A recent photograph
- Official transcript sent directly from the college of podiatric medicine from which you graduated. If you have attended more than one college of podiatric medicine in order to obtain all of your credits for graduation, an official transcript from each college should be submitted.
- Certified score report sent directly from the National Board of Podiatric Medical Examiners showing satisfactory completion of Part I, Part II and Part III (formerly known as PMLexis)
- Certification of Internship/Residency Program form completed by the residency director
- Copy of your original license to practice which must have been obtained by examination if that license has lapsed, proof of interim licensure satisfactory to the board
- Proof of educational requirements from your original state (which must be substantially equivalent to the current education requirements existing in Missouri)
- Reference letters from three (3) of the following four (4) classes of individuals who have known you for at least five (5) years:
 - 1) Employer
 - 2) A person with whom you have practiced podiatric medicine
 - 3) The chief of staff of a hospital where you have privileges of any type
 - 4) Member of the community where you reside or practice
- Verification of licensure form completed from each state, United States territory, province or country in which a license, certificate, registration or permit is held or has ever been held, including temporary licenses. This form should be submitted by that entity directly to the board and should reflect if ankle surgery certified in that state.
- Criminal background check – (see attached)
 - **All Applicants** must register with the Missouri Automated Criminal History Site. To register go to www.machs.mo.gov or call 877-862-2425. Click "Click Here to Access the MACHS Fingerprint Portal to register for a background check by Fingerprints". You will need to register using the 4 digit registration number **0010**. After you register you will receive a Transaction Control Number (TCN). This unique number will allow you to inquire about the status of your background check.
 - **Missouri Residents** –You may search available sites by visiting www.machs.mo.gov and clicking "Fingerprint Sites" at the top of the page. You will need to take your TCN number and a valid government issued ID to the fingerprint location. Your picture will be taken for verification purposes, and you will be given a receipt substantiating proof that you were fingerprinted which will need to be submitted with your application to the board office. If you did not pay while registering, you will pay the vendor directly. The cost will be \$40.30 (\$8.30 is Cogent fee, \$20.00 state fee and \$12.00 FBI fee) and 3M/Cogent will accept debit or credit cards or on-site payment by check, money order or cash (must be exact amount if cash).
 - **Non-Missouri Residents** - If you live near the Missouri border and are able to be fingerprinted in Missouri, it is recommended you follow the Missouri resident instructions above. If you are not in Missouri and do not wish to drive to a Missouri fingerprint location, you will be required to go to your local law enforcement agency to have your fingerprints taken. You will need to submit two (2) fingerprint cards. To request fingerprint cards be mailed to you, you may contact the board office at podiatry@pr.mo.gov or by calling 573-751-0873. You may also be able to obtain standard FBI-258 applicant fingerprint cards from your local law enforcement agency. If you obtain fingerprint cards you will want to provide that office with the board's ORI number – **MO92024OZ**. After being fingerprinted, **write the TCN number on the back of the cards**, and mail them with check or money order in the amount of \$40.30 (\$8.30 is Cogent fee, \$20.00 state fee and \$12.00 FBI fee), if not previously paid online at the time of registration, to 3M Cogent, Missouri CardScan, 639 N Rosemead Blvd, Pasadena, CA 91107.
- Successful completion (at least a 90%) of the Missouri Law Examination. This is an open book examination covering the laws, rules and regulations governing the practice of podiatric medicine in the state of Missouri. There is a \$25 Missouri Law Examination Administrative fee made payable to the State Board of Podiatric Medicine to be paid upon completion of Missouri Law Examination.

What examinations are required for licensure:

- Successfully complete the Missouri Law Examination administered by the State Board of Podiatric Medicine.
 - Applicants achieving a passing score as established by NBPME or such other designee of the Board on the National Board Examinations and achieving at least ninety percent (90%) on the open book test for the Missouri Law Examination shall be deemed to have passed the Board's examination.

NOTICE

- Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and are also required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue or any delinquency or failure to file. This requirement is found in Section 324.010 RSMo 2000, as amended.
- Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:
 - 1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
 - 2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license)
- In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:
 - 1) for internal identification purposes (e.g. some licensing authorities use your social security number as your license number);
 - 2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
 - 3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
 - 4) to verify licensure with another state's licensing authority for reciprocity licensure;
 - 5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
 - 6) for test identification purposes.

Additional information:

- All credentials required for licensure by reciprocity must be in the possession of the board office at least thirty (30) days before any regular meeting of the board in order for the application to be considered by the board.
- Applicants for licensure by reciprocity may be required to appear in person before the board in order for the application to be approved.
- The board reserves the exclusive right to pass upon the standards of qualifications of the various states from which applicants may be accepted without examination and it reserves the right to reject an applicant on educational, moral, ethical, professional or other grounds.

Address Changes

- You are required to notify the board office of all offices, shared or individual; or changes in office addresses and designate at which address mail is to be received.
- Notification must be made in writing and can be faxed, mailed or emailed to the board office.

Expiration Dates/Renewal

- All current podiatrist licenses expire on February 28 of every even numbered year.
- Renewal notices are mailed to the address on file with the board office approximately 60 days prior to the expiration date.

Continuing Education

- Missouri statutes require continuing education as a condition of license renewal. Please refer to the board's regulation 20 CSR 2230-2.030 for complete content.
 - Each applicant for renewal shall certify that they have attended 24 hours of board approved continuing medical education for the biennial renewal period immediately preceding the biennial renewal date.
 - Applicants that qualify to perform surgery of the ankle must certify that they have attended an additional 26 hours of board approved continuing medical education for the biennial renewal period immediately preceding the biennial renewal date
 - For all licensees there is additional information relating to the required 2 hours of CME that must be obtained in accordance with the board's regulation 20 CSR 2230-2.023.

Receive Board Information/Updates

- Sign up at <https://public.govdelivery.com/accounts/MODIFP/subscriber/new> to receive email alerts and text messages from the board. A link can also be located at the bottom of the Board's webpage <http://pr.mo.gov/podiatrists>



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PODIATRIC MEDICINE LICENSE

STATE BOARD OF PODIATRIC MEDICINE
 P.O. BOX 423, 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-0423
 TELEPHONE: (573) 751-0873 TTY (800) 735-2966
 WEBSITE: <http://pr.mo.gov/podiatrists>
 EMAIL: podiatry@pr.mo.gov

PLEASE TYPE OR PRINT

APPLICANT INSTRUCTIONS

The completed application must be submitted along with the appropriate fee consisting of a check or money order made payable to the **Missouri State Board of Podiatric Medicine**. **ALL FEES ARE NON-REFUNDABLE.**

Please check the box indicating the type of licensure for which you are applying:

Permanent Podiatric Medicine License Application Processing Fee - \$250

Ankle Surgery Certification - Check only if you have successfully completed at least a twenty-four (24) month postgraduate clinical residency in podiatric surgery.

Temporary Podiatric Medicine License Application Processing Fee - \$150

Reciprocity Podiatric Medicine License Fee - \$350

FOR OFFICE USE ONLY

LICENSE NUMBER	DATE LICENSED
FEE RECEIVED	DATE DEPOSITED
CHECK NUMBER/MO	INITIALS

RECENT PHOTO

APPLICANT DATA

FIRST NAME	MIDDLE INITIAL/NAME	LAST NAME	
PREVIOUS NAME (IF ANY)	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER (REQUIRED)	
CURRENT MAILING ADDRESS (ADDRESS YOU WISH TO HAVE CORRESPONDENCE SENT)	TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL - PLEASE PRINT)	
CITY	STATE	ZIP CODE	
BUSINESS ADDRESS (STREET/CITY/STATE/ZIP - IF MORE THAN ONE - PLEASE LIST ON PAGE 4)			

EDUCATION

HIGH SCHOOL

SCHOOL NAME	DATE GRADUATED (MM/DD/YY)	HIGH SCHOOL EQUIVALENT CREDENTIAL <input type="checkbox"/> G.E.D. <input type="checkbox"/> Other (list)	DATE OF CREDENTIAL (MM/DD/YY)
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COLLEGE (PRIOR TO ENTERING PODIATRIC COLLEGE)

COLLEGE NAME	CITY/STATE	DATES ATTENDED	
		FROM (MO/YR)	TO (MO/YR)

PODIATRIC COLLEGE – NOTE: OFFICIAL TRANSCRIPT FROM A RECOGNIZED COLLEGE OF PODIATRIC MEDICINE MUST BE MAILED DIRECTLY TO THE BOARD OFFICE FROM THE COLLEGE(S). (IF NOT ALREADY ON FILE IN BOARD OFFICE)

PODIATRIC COLLEGE NAME/CITY/STATE	DATES ATTENDED		GRADUATION DATE
	FROM (MO/YR)	TO (MO/YR)	

INTERNSHIP/RESIDENCY

NAME OF APPROVED INTERNSHIP/RESIDENCY PROGRAM (HAVE ATTENDED OR PLAN TO ATTEND)

ADDRESS OF APPROVED INTERNSHIP/RESIDENCY PROGRAM	CITY/STATE	BEGINNING DATE	ENDING DATE
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SCREENING QUESTIONS

IMPORTANT: EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

	YES	NO
1. Have you ever applied for licensure/permit as a podiatrist in any other state or territory? If yes, where? _____ when? _____ If yes, were you ever licensed/permit holder by that state or territory? If no, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
2. How was your license obtained? <input type="checkbox"/> Examination <input type="checkbox"/> Temporary License <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your license/permit in that state or territory current? (i.e. not lapsed or inactive) If no, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been denied a professional license, certification, registration or permit? If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had any professional license, certification, registration, permit or right to practice held by you revoked, suspended, placed on probation, censured, reprimanded, restricted, fined or otherwise subjected to any type of disciplinary action, whether voluntarily agreed to or not? If yes, attach a full explanation and provide any relevant discipline documents.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any charges or complaints filed against you with the federal government, any federal agency, state agency or other regulatory agency? If yes, attach a full explanation and provide any relevant discipline documents.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold or have applied for? If yes, attach a full explanation and provide any relevant discipline documents.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit for any reason, other than failure to renew, retirement or relocating to another state? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere of a violation of any federal, state or municipal law, ordinance or rule, whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully in a statement and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been arrested, charged with any violation of any federal, state or municipal law, ordinance or rule whether or not sentence was imposed (includes suspended imposition of sentence (SIS)). If yes, explain fully in a statement and provide certified court documents (ie: Docket Sheet, Information or Indictment and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been addicted to or used in excess any controlled substance (including illegal drugs and prescription drugs) or alcoholic beverage? If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you now being treated, or have you been treated within the past five years for drug or alcohol addiction? If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been adjudged mentally incompetent by a state or federal court? If yes, attach a full explanation and provide certified court documents (ie: Docket Sheet, Complaint, and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had your employment, medical staff appointment or admitting or clinical privileges denied, reduced, suspended, revoked, not renewed or otherwise disciplined or limited at any hospital, nursing home, clinic or other health care facility or are such actions currently pending? If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been denied, revoked, suspended, placed on probation, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program, e.g. Medicare or Medicaid, or are such actions currently pending. If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been denied or surrendered a controlled substance license, registration, certificate or authority issued by the drug Enforcement Administration (DEA) or any state bureau or narcotics or other agency concerned with controlled substances, or had such license, registration, certificate or authority restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure or reprimand, whether voluntarily agreed to or not? If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? If yes, explain fully in a statement.	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL BACKGROUND CHECK

An applicant for licensure is subject to a criminal background check pursuant to Section 43.543 RSMo. This is done through the Missouri State Highway Patrol's vendor.

Missouri residents must register at www.machs.mo.gov or call 877-862-2425 to schedule an appointment. You will pay the vendor directly.

Non-Missouri residents may contact the board office at podiatry@pr.mo.gov or 573-751-0873 to obtain additional instructions.

The Board of Podiatric Medicine Registration Number is: 0010

The receipt issued by the vendor must be attached to your application to verify that fingerprints have been submitted.

UNTIL THE RESULTS OF THE FINGERPRINT CHECKS ARE RECEIVED A LICENSE WILL NOT BE ISSUED.

**ATTACH
FINGERPRINT
RECEIPT HERE**

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

Social Security Number Disclosure Notice

You must provide your social security number pursuant to state and federal law.

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

APPLICATION INFORMATION RELEASE AUTHORIZATION - OPTIONAL

I hereby authorize the State Board of Podiatric Medicine, its director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual, other than myself. (If name is not listed we will not speak to anyone not authorized by law about your file.)

NAME OF INDIVIDUAL WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE

ADDITIONAL BUSINESS ADDRESSES

BUSINESS ADDRESS/STREET/CITY/STATE/ZIP

BUSINESS ADDRESS/STREET/CITY/STATE/ZIP

BUSINESS ADDRESS/STREET/CITY/STATE/ZIP

BUSINESS ADDRESS/STREET/CITY/STATE/ZIP

AFFIDAVIT (TO BE NOTARIZED)

I am aware that all documents needed for licensure must be received in the Board office before my license can be issued. I am also aware it is my obligation to keep the Board informed of my current name, office address information and designation of where mail is to be received.

I, being duly sworn, state that I am the person whose photograph is attached and who is referred to in the foregoing application; that the statements and any attachments therein are true and accurate in every respect to the best of my knowledge and belief; and that I have complied with all requirements of law.

I understand that the Board may require further information or evidence that it deems reasonable and proper.

I realize that I am making this affidavit knowingly and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶		APPLICANT SIGNATURE	
STATE OF		COUNTY (OR CITY OF ST. LOUIS)	NOTARY PUBLIC EMBOSSEER SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be notified that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. (See 28 CFR 50.12(b).)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CERTIFICATION OF INTERNSHIP/RESIDENCY PROGRAM

STATE BOARD OF PODIATRIC MEDICINE
 P.O. BOX 423, 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-0423
 TELEPHONE (573) 751-0873
 TTY: (800) 735-2966
 WEBSITE: <http://pr.mo.gov/podiatrists>
 EMAIL: podiatry@pr.mo.gov

THIS FORM MUST BE COMPLETED BY THE RESIDENCY DIRECTOR

NAME OF RESIDENT/INTERN (FIRST, MIDDLE, LAST)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
UNDERGRADUATE EDUCATION	
SCHOOL OF PODIATRIC MEDICINE	DATE OF GRADUATION
NAME OF APPROVED RESIDENCY IN PODIATRIC MEDICINE	
RESIDENCY TRAINING AND TYPE OF PROGRAM (RESIDENCY TRAINING MUST BE AT LEAST TWELVE (12) MONTHS AND APPROVED BY THE CPME OF THE APMA)	
STARTING DATE OF RESIDENCY PROGRAM	COMPLETION DATE OF RESIDENCY PROGRAM
COMMENTARY OF CLINICAL COMPETENCE AND CHARACTER OF RESIDENT	

PLEASE CHECK ONE OF THE FOLLOWING:

I endorse this person without reservation

I endorse this person with reservation

I do not endorse this person

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF RESIDENCY DIRECTOR	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

STATE BOARD OF PODIATRIC MEDICINE
 P.O. BOX 423, 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-0423
 TELEPHONE: (573) 751-0873
 TTY: (800) 735-2966
 WEBSITE: <http://pr.mo.gov/podiatrists>
 EMAIL: podiatry@pr.mo.gov

APPLICANT INSTRUCTIONS:

Please complete Section I and mail this form to each state, United States Territory, province, or country that you have or ever have had a license/certification/registration/temporary license to practice podiatry. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), United States Territory, province, or country. This form may be duplicated as necessary.

SECTION I - TO BE COMPLETED BY APPLICANT

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		
NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT		SOCIAL SECURITY NUMBER
TYPE OF LICENSE	NUMBER ISSUED	DATE OF BIRTH
APPLICANT SIGNATURE		DATE

SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF LICENSE/REGISTRATION			
<input type="checkbox"/> LICENSE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REGISTRATION <input type="checkbox"/> TEMPORARY LICENSE			
LICENSE NUMBER		ISSUE DATE	EXPIRATION DATE
<input type="checkbox"/> PMLexis/Part III <input type="checkbox"/> National Boards <input type="checkbox"/> State Examination <input type="checkbox"/> Education <input type="checkbox"/> Other _____	EXAM SUBJECT(S)	DATE(S)	AVERAGE SCORE(S)
HAS THE APPLICANT'S LICENSE EVER LAPSED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:			
SIGNATURE		PLEASE AFFIX BOARD SEAL	
TITLE			
STATE BOARD			
DATE			