

# STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

## APPLICATION FOR A LIMITED LICENSE

### REQUIRED FORMS AND DOCUMENTS: PRIMARY SOURCE DOCUMENTATION REQUIRED

Item	Description	For Board Use Only	
1.	Application with recent passport quality in color photograph attached to upper right hand corner. Application signature must be notarized.		
2.	NON-REFUNDABLE Application Fee of \$100 Check payable to: State Board of Podiatric Medical Examiners		
3.	<u>Podiatry College Transcript - Official Copy</u>		
4.	<u>National Board Scores Both Parts</u> . Only official reports bearing the seal of the National Board of Podiatric Medical Examiners are acceptable. <i>Order Reports at: www.fpmb.org</i>		
5.	<u>Notarized Residency Affidavit</u>		
6.	<u>State Licensure Affidavit(s)</u> Applicants that hold or have ever held a license in another state including Limited/Temporary licensure.	1.	2.
		3.	4.
7.	Copy of your Letter of Appointment		
8.	For Rotations Only: Copy of Affiliation Agreement		
9.	<u>Jurisprudence Online Lecture Affidavit</u>		
	<u>Jurisprudence Exam Affidavit</u>		
	<u>Jurisprudence Exam</u>		

**PRIMARY SOURCE VERIFICATION:** Defined as verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. **Verification documents must be sent to the Board directly from the ORIGINAL SOURCE.** Verification documents forwarded to the Board from the applicant are not accepted.

### BOARD USE ONLY

Jurisprudence Exam and Law Books Mailed	Date	Signature
Approval of License	Date	Signature
License No.	License Issue Date	Signature
Comments		



2 If yes, give details:

Have you ever been addicted to, or treated for addiction to drugs or alcohol? YES  NO

If yes, give details:

List state(s) which you have been licensed to practice podiatry. Please note that a Licensure Affidavit form must be completed by the Licensing Board for each state listed.

State:  
License Number  
Date of original issuance:  
Expiration Date:

State:  
License Number  
Date of original issuance:  
Expiration Date:

Has your license to practice in any State ever been subject of an investigation and/or disciplinary action?  
YES  NO  If yes, give details:

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List any previous postgraduate clinical training or / and, If you have practiced, list locations and years of practice:

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**AFFIDAVIT**

I, \_\_\_\_\_ being duly sworn do hereby swear that I am the person in this application for licensure before the Maryland Board of Podiatric Medical Examiners, and that the statements herein contained are true in every respect. If granted licensure, I will comply with all requirements of the laws governing the practices of podiatry in the State of Maryland, and pledge that I shall abstain from all deceptive and fraudulent methods of practice, immoral, unethical unprofessional conduct and will conduct my practice in accordance with the Code of Ethics adopted by the profession.

\_\_\_\_\_  
Signature of applicant Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

SEAL AND STAMP



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### STATE LICENSURE AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO LICENSING BOARD(S) IN THE STATE(S) WHERE LICENSED.

_____ Last	_____ First	_____ Middle
_____ Date of Birth	_____ Social Security Number	
_____ State Board	_____ Podiatry College & Date of Graduation	

THIS PORTION TO BE COMPLETED BY STATE LICENSING BOARD

License Number \_\_\_\_\_ Date of Original Issue \_\_\_\_\_

Is License in Good Standing? \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

License Type:  Full/Unrestricted  Temporary/Limited  Other, please specify: \_\_\_\_\_

Licensed by:  State Examination  without Examination  Other, Please specify: \_\_\_\_\_

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES  NO  If "yes", please attach documentation

Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state? YES  NO  If "yes", please attach documentation

Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? YES  NO  If "yes", please attach documentation

_____ Form Completed by:	_____ Title
_____ Signature	_____ Date

\_\_\_\_\_  
State Board

PLEASE AFFIX  
BOARD SEAL  
(not valid without board seal)

