



## STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

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

### APPLICATION FOR PMLEXIS EXAMINATION ELIGIBILITY

**ELIGIBILITY REQUIREMENTS:**

Item	Description	For Board Use Only
1.	Application with recent photograph attached to upper right hand corner, with <b>notarized signature</b> .	
2.	<b>NON-REFUNDABLE</b> Application Fee of \$50 Check payable to: <b>State Board of Podiatric Medical Examiners</b>	
3.	Podiatry College Transcript - <b>Official Copy</b>	
4.	National Board Scores - Both Parts. Only <b>official reports</b> bearing the seal of the National Board of Podiatric Medical Examiners are acceptable. Order Reports at: <a href="http://www.fpmb.org">www.fpmb.org</a>	

**Forward completed application to:**                    **Board of Podiatric Medical Examiners**  
**4201 Patterson Avenue, Room 310**  
**Baltimore, Maryland 21215-2299**

All PMLexis examination candidates, planning to sit for the exam in the State of Maryland must fulfill **ONE** of the following requirements:

- I. Must be a podiatric resident in an approved residency program in the State of Maryland; and thus have a Maryland Limited License.
- OR**
- II. Must be in the process of applying for a full Maryland podiatric license. (Please note that the Board must have received at least 70% of required documents; this includes especially, the Application & Licensing fees, Official Transcript from Podiatry College and Part I & II National Board scores).

All out-of-state candidates that do not meet the above requirements must complete the Application for PMLexis Examination Eligibility to be credentialed to sit for the exam in the State of Maryland.

**Please be aware that it is the applicant's responsibility to return the completed application on time!**

**STATE OF MARYLAND  
BOARD OF PODIATRIC MEDICAL EXAMINERS  
APPLICATION FOR PM LEXIS ELIGIBILITY**

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Last Name First Name Middle

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Present Address

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City State Zip code

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Phone Number Email Address

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Permanent Address

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City State Zip code

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Phone Number Social Security Number

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Date of Birth Place of Birth

**Name of Podiatry College Attended and Graduation Date:**

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**RESIDENCY PROGRAM**

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Name of Facility

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Address

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Dates

Have you ever been refused examination by a State Board? YES  NO

If yes, give name of Board and details: \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO

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: \_\_\_\_\_

If you have practiced, list locations and years of practice:

\_\_\_\_\_  
\_\_\_\_\_

**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