

For Office Use	License #:	Date Issued:	<input type="checkbox"/> \$600
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Application for Pedorthic Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 3

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____ 5. _____
City, State, Zip Code *E-Mail Address*
6. _____ 7. _____ 8. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
9. Male Female 10. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question #11 – #16 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

11. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
12. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
13. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
14. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
16. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

General Education

18. _____ 20. _____
Name of Educational Institution *Graduation Date*

Pedorthic Education

21. _____ 22. _____
Name of Pedorthic Educational Institution *Degree Date*

Residency

22. Start Date: _____ 23. End Date: _____

23. Name of Program: _____

Endorsement:

24. Are you or have you ever been licensed, registered, or certified in another state? Yes No
If yes, list the two letter abbreviation of the state(s) below.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

28. _____ **Applicant must sign here in ink** _____ **Date**

INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

EXAMINATION: (New graduate who has not been licensed in another state)

- Complete the application form and pay the non-refundable application fee of \$600. Make check or money order payable to the Iowa Board of Podiatry.
- Official academic transcripts verifying completion of a program in Podiatry accredited by NCOPE. Transcripts must be sent directly from the school to the board office.
- Official examination scores from the ABC certification exam in Podiatry or from the BOC certification exam in podiatry. The exam scores shall be sent directly from the exam service.
- Official statement from the program director indicating completion of a clinical internship/work experience. This should include the beginning and completion dates.

ENDORSEMENT:

- Complete the application form and pay the non-refundable application fee of \$600. Make check or money order payable to the Iowa Board of Podiatry.
- Official academic transcripts verifying completion of a program in Podiatry accredited by NCOPE. Transcripts must be sent directly from the school to the board office.
- Official examination scores from the ABC certification exam in Podiatry or from the BOC certification exam in Podiatry. The exam scores shall be sent directly from the exam service.
- Official statement from the program director indicating completion of a clinical internship/work experience. This should include the beginning and completion dates.
- All applicants applying by **endorsement** shall submit an official verification from all states where you are currently, or were previously licensed. These must be sent directly to this office from the original board office. Web-based verifications may be substituted directly from the jurisdictions board office if the verification provides the licensee's name, date of initial licensure, current licensure status and any disciplinary action taken against the licensee.

TRANSITION/GRANDFATHER: (Applications for a license under the transition period must be received by July 1, 2014.

- Complete the application form and pay the non-refundable application fee of \$600. Make check or money order payable to the Iowa Board of Podiatry.
 - Verification of current certification in good standing as a podiatrist from ABC or BOC. Verification must be sent directly from the accrediting agency to the Board office.
- OR
- Verification of continuous active practice as a podiatrist in an accredited facility for at least five years. Practice must be at least 30 hours per week on average and have occurred between July 1, 2007 and July 1, 2014.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fees have been received in the board office. Questions regarding the application process may be directed to 515 281-4287 or karla.hoover@idph.iowa.gov

Online license verification:

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

1. Go to www.licensediniowa.gov
2. Select "License Search".
3. Insert the licensee's name or license number.
4. Select the profession from the dropdown list. **"Podiatrist"**
5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to licensure denial by serving a notice of appeal and request for hearing upon the Iowa board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. **Mail the original completed application bearing signature in ink to:**

**Iowa Board of Podiatry
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**

www.idph.state.ia.us/licensure

Verification of Employment
(Only Required for Transition/Grandfathered License Application)

Iowa Board of Podiatry
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075

The applicant listed below is requesting official employment verification. This will be used by the Iowa Board of Podiatry to evaluate the applicant's requirements for licensure as a pedorthist in the state of Iowa. Please return to the Board address above.

Applicant Name

Your name and title

Company/facility name

Address

City/State/Zip

Applicant Employment History with this company/facility:

List in order beginning with first position held. Attach additional sheet if needed

Dates From/To	Facility Name(s)	Position(s) Held

THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

Your Signature: _____

Date Signed: _____

Notary of public signature: _____ Commission expires: _____

Subscribed and sworn to me this _____ day of _____, 20____.

State of: _____ County of: _____.

S E A L