

OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
INSTRUCTIONS FOR APPLYING FOR LICENSURE

Next Examination: Spring 2011
Deadline to Apply: January 30, 2011

THE INFORMATION CONTAINED IN THESE INSTRUCTIONS IS VITAL TO THE SUCCESSFUL COMPLETION OF YOUR APPLICATION AND TIMELY CONSIDERATION OF YOUR REQUEST FOR LICENSURE. QUESTIONS OR CHALLENGES REGARDING APPLICATION REQUIREMENTS SHOULD BE ADDRESSED IN WRITING TO THE BOARD SECRETARY. LENGTHY TELEPHONE CONVERSATIONS WITH STAFF DELAY THE OVERALL ABILITY TO PROCESS APPLICATIONS. THE INSTRUCTIONS ARE FOR YOUR BENEFIT, DESIGNED TO REDUCE THE NEED FOR REQUESTS FOR INFORMATION AFTER YOUR APPLICATION HAS BEEN SUBMITTED.

A. Requirements to apply for the State Examination:

1. Fee of \$200.00 in the form of a cashiers check or certified check must accompany each application.
2. Completed application
 - a. All sections must be completed to the best of your knowledge and returned with this signed instruction sheet. For those items that do not apply to you, mark N/A (not applicable).
 - b. Section 5 of the application MUST show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application was the same photo notarized. Photos must be firmly affixed to the application and must not exceed the space provided or obscure other information on the application.
 - c. Any YES answer in Section 6 of the application MUST be explained in a sworn affidavit.
 - d. If you have been reported to the National Practitioner Databank please send a copy of the report.
 - e. Section 7 of the application is for statistical purposes only. The completion of this section is strictly voluntary and will not affect the processing of your application.
 - f. Sections 9, 10 and 11 of the application must contain all necessary information to account for all time since graduation from high school to the present.
 - g. Section 12, Health Certificate, must be notarized. Most physicians have immediate access to a Notary through their office or hospital personnel.
3. National Board Scores
Applicants must request that test scores be submitted to this Board from the National Board of Podiatric Examiners. Address all correspondence regarding score reports to:

The Chauncey Group International/NBPME
664 Rosedale Road
Princeton, New Jersey 08540-2218
Telephone: (877) 302-8952

4. Form #1, Verification of Training.
Applicants who attended podiatric schools in the United States, a territory of the United States or possessions, or approved by the council on Podiatric Medical Education, must submit a transcript of grades issued by each podiatry school attended. In addition, said applicants must submit a Form #1 with a copy of the diploma attached to verify graduation from podiatry school.
5. Form #3, Verification of Licensure
A Form #3 must be completed by any state in which you now hold or have ever held a license to practice. Licenses/Certificates for training, special purposes, etc. must also be verified. Applicants who were licensed by an examination prepared by a state licensing board must request that a certified copy of those scores be attached to the completed Form #3. Computer generated substitutions are acceptable provided that the scores are shown (or attached and certified as true and correct) and all information and statements on the Form #3 are included. The seal of the licensing jurisdiction must be impressed on the Form #3 or substitute. Signature stamps, initialed, or proxy signatures are not acceptable.
6. Form #4, Recommendation
Three Forms #4 are required. The narratives must be a representation of clinical skills and competence authored by a colleague who is currently licensed in a state of the United States and in good standing with the licensing jurisdiction of that state.

7. EXTENDED BACKGROUND CHECK - All applicants for licensure will be required to request an **Extended Background Check (EBC)** by completing the enclosed EBC Authorization Form and submitting it with the applicable fee (see form) to Trak-1 Technology (address on form).

B. Additional requirements for licensure:

1. Passing score of 75% on State Examination.
2. A Form #2 must be submitted for all residency training. **Applicants must have satisfactorily completed a podiatric surgical residency (PSR) of not less than 365 days, approved by the Council of Podiatric Medical Education of the American Podiatric Medical Association.**
3. Complete residency log signed by the Program Director for all residency training.

C. General

1. Applications not received prior to the deadline (January 31) will be required to wait until the following year to take the examination. Please submit application as early as possible to allow for processing.
2. This office may contact other sources for verification of information contained in your application. The Board will not consider your application until all requests for verification have been received.
3. Even though your application is complete, there is no guarantee that the Board will approve your application for licensure. The Board may find exceptions or make discoveries that may cause them not to approve an application for licensure. In such event, the Board will clearly state the basis upon which such exceptions have been made and you will be notified by mail. The Board may, at its discretion, require further proof of clinical competency.
4. All Board meetings are open to the public. If for any reason you wish to discuss your application with the Board, a written request for a personal appearance must be received in this office at least fourteen (14) days prior to the meeting to permit scheduling.
5. Should you have questions or require assistance with the application process, you may write to:

Oklahoma State Board of Podiatry
P.O. Box 18256
Oklahoma City, OK 73154-0256

Or call the Board office at (405) 962-1400 between 8:00 a.m. and 4:30 p.m.

"I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application which may result in subsequent revocation of licensure."

Signature of Applicant

Date

Please return these instructions, signed, with your application to:

OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS
P.O. BOX 18256
OKLAHOMA CITY, OK 73154-0256

PLEASE NOTE: Applications will be cancelled if no response to final correspondence from this office has been received within 12 months after the correspondence was sent.