

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

A. Requirements to apply for State Examination:

1. **Fee**

Please mail a check or money order in the amount of \$200.00 payable to Board of Podiatric Medical Examiners.

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. Any YES answer on page 2 of the application **MUST** be explained in a notarized statement.
- c. Complete all education (beginning with high school) and all practice history thoroughly to ensure that there are no gaps greater than 90 days.

3. **National Board Scores**

Applicants must request that test scores be electronically submitted to this Board from the National Board of Podiatric Examiners.

4. **Verification of Education**

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 complete the Form 1 and return directly to the Board with the school seal or notarized. Additionally the institution must provide the Board a copy of the official transcript and copy of the diploma of the applicant.

5. **Verification of Post Grad Training**

The Form 2 is required to verify *all* residency training. This form must be completed by the program director and the original sent directly from the program to the Board. Applicants must have satisfactorily completed a podiatric surgery residency (PSR) of not less than 365 days and approved by the Council of Podiatric Medical Education of the American Podiatric Medical Association.

6. **Verification of Licensure**

Verification of Licensure Form 3 must be completed by any state in which you now hold or have ever held a license to practice. Licenses for training must also be verified. If the state has a standard letter of verification this may be accepted in lieu of the Form 3 provided all information requested is included. The Form 3 or the letter of verification must be received with the state seal embossed or imprinted on the document.

7. **Recommendation**

The Board must receive three (3) recommendations detailing clinical skills and competency **MUST BE** 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. The Form 4 may be used for the recommendation; additionally the Board will accept a formal letter in lieu of the Form 4.

8. **Evidence of Status**

New legislation took effect November 1, 2007, requiring the Board of Medical Licensure and Supervision to issue a license only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present valid documentation.

9. **Extended Background Check**

All applicants for licensure will be required to request an extended background check (EBC) by completing the request at the link provided.

B. Examination:

1. Upon submission and approval of a completed application for licensure by examination, and the payment of all fees, an applicant may sit for an examination approved by the Board. The Board has adopted the APMLE Part III as the written portion of the licensure examination. The applicant also must pass a jurisprudence exam and an oral exam as authorized in 59 O.S. Section 144 as administered by the Board.

C. General:

1. Applications not received prior to the deadline (30 days prior to the examination) will be required to wait until the following year to take the examination. Please submit application as early as possible to allow time 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 no later than fourteen (14) days prior to the meeting to permit scheduling.
5. Applications will be placed in no response if final correspondence from this office has been received within twelve (12) months. Should you wish to reapply, you must complete a new application.
6. Should you have any questions or require assistance with the application process, you may write to:

Oklahoma State Board of Podiatry
101 NE 51st Street
Oklahoma City, OK 73105
Phone: (405) 962-1400 (Mon-Fri 8am-430pm CST)
Email: licensing@okmedicalboard.org

"I, _____, have fully read and understand my 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."

Applicant Signature _____

Date _____