

LICENSE NO. _____

ISSUE DATE ____/____/____

ALABAMA STATE BOARD OF PODIATRY



**STATE OF ALABAMA
APPLICATION FOR LICENSE**

NOTE: Applicant to submit with this application: Application Fee, Notarized Photo, Copy of Diploma, Copy of Other State Licenses, Copy of Residency Certificate.
Applicant to have sent to the Board: Official Podiatric Medical College Transcripts and Board Scores.

Full Name _____ Date _____

Date of Birth ____/____/____ Place of Birth _____

Social Security Number ____/____/____ DEA Number _____

Driver's License Number and State _____ U.S. Citizen? Yes ____ No ____

PRESENT Address _____

Telephone (____) _____

PERMANENT Address _____

Telephone (____) _____

OFFICE Address _____

Telephone (____) _____ FAX (____) _____

If you have a disability and require accommodation in taking the examination, request the ADA Request Form and submit it to the Board.
If accommodation is not requested in advance of the examination, we cannot guarantee the availability of accommodation on-site.

— PERSONAL QUESTIONNAIRE —

Time at Present Address? _____ Who Resides at Permanent Address? _____

Married? Yes ____ No ____ Spouse's Full Name _____

Military Service? Yes ____ No ____ Branch _____ Years _____

Honorable discharge? Yes ____ No ____ Member of civic club(s), fraternity, etc.?, list _____

Where do you plan to practice? _____ When? _____

If not in Alabama, where and when will you practice in Alabama? _____

Are you licensed to practice Podiatry in other states? Yes ____ No ____ If yes, list state(s) and date licensed _____

Do you participate in CME programs? Yes ____ No ____ List approximate annual hours _____

Are you Board Certified? Yes _____ No _____ Board Qualified? Yes _____ No _____ If yes, list such _____

Have you served Podiatry in your State or the APMA in an appointed or committee capacity? Yes _____ No _____ If yes, list such and dates of service _____

— If you answered “yes” to the following, attach a detailed explanation giving dates and specifics —

Have you had a hearing before an Ethics Committee of a State or the AMPA? Yes _____ No _____

Has your membership in a State or APMA ever been placed on probation, suspended or revoked? Yes _____ No _____

Have you had past malpractice or criminal suits filed against you or presently pending against you? Yes _____ No _____

Have you ever been found negligent in a malpractice case? Yes _____ No _____

Have you ever been convicted of a criminal violation of the law? Yes _____ No _____

Do you have drug or alcohol dependencies other than prescribed for a valid disease? Yes _____ No _____

Have you been under treatment for drug or alcohol dependencies at any time? Yes _____ No _____

Have you been arrested, tried or convicted for the use of alcohol, drugs, or controlled substances or the illegal gift or sale of such? (such as DUI, etc.) Yes _____ No _____

Has your application for license to other state(s) been rejected? Yes _____ No _____

Has your license to practice Podiatry, in any state, been placed on probation, suspended or revoked? Yes _____ No _____

Have you applied to, been licensed by, or taken an examination for Alabama licensure at any time in the past? Yes _____ No _____

— If you answer “no” to the following, attach a detailed explanation giving dates and specifics —

Are you a member in good standing of the APMA and your State Component Society? Yes _____ No _____

Are all of your State licenses current, in good standing, and without blemish? Yes _____ No _____

— HIGH SCHOOL EDUCATION —

School _____ City/State _____

Dates of attendance _____ Date of graduation _____

— COLLEGE EDUCATION —

College _____ City/State _____

Dates of attendance _____ Date of graduation _____ Degree _____

— PODIATRIC MEDICAL EDUCATION —

College _____ City/State _____

Dates of attendance _____ Date of graduation _____

Additional educational information, awards, externships, honors:

— POST-GRADUATION EDUCATION —

Program _____ Director _____

Address _____

Number of years in existence _____ Dates of attendance _____

Council on Podiatric Medical Education approved? Yes _____ No _____ Additional comments: _____

— REFERENCES —

Print, please, two currently licensed Podiatrists and one layman (preferably one DPM reference from Alabama):

NAME	ADDRESS	CITY, STATE, ZIP

AFFIDAVIT OF APPLICANT

I certify that the statements contained in this application are true, complete and correct and, I agree that said statements shall form the basis of my application. I permit the Board to perform background checks and investigations to verify my application and statements.

DATE _____ SIGNATURE OF APPLICANT _____

STATE OF _____ COUNTY OF _____ COMMISSION EXPIRES _____

Subscribed and sworn to before me this _____ day of _____, 19 _____.

NOTARY PUBLIC

DO NOT WRITE ON THIS PART

Applicant Name _____ Examination Number _____

Checklist

Received:

Application and Fee _____
 Exam Fee(s) _____
 Notarized Photo of Candidate _____
 Official College Transcript _____
 Official National Board Scores _____

Copy of Diploma _____
 Three References _____
 Residency Verification _____
 License Verification(s) _____

Replied:

Law Books Sent _____
 References Requested _____

Exam Card Sent _____
 Results Letter Sent Pass _____ Fail _____

PMLexis RECORD

Official PMLexis scores submitted through applicant:

PMLexis administered by Alabama:

	_____	_____
	date & place	date & place
Section I	_____	_____
Section II	_____	_____
Section III	_____	_____

	_____	_____
	date	date
Section I	_____	_____
Section II	_____	_____
Section III	_____	_____

Applicant Passed All Sections _____

Applicant Failed One or More Sections _____

LAW EXAMINATION RECORD

Pass

Fail

Office Notes:
