



NORTH CAROLINA

Board of Podiatry Examiners

1500 Sunday Drive, Suite 102
 Raleigh, NC 27607-5151
 (919)861-5583 phone (919) 787-4916 fax
www.ncbpe.org
info@ncbpe.org

A photo taken 60 days prior to the date of this application should be placed here, to be used as part of the identification process at examination time. Photo should not exceed the size of this box.

Application for Podiatry License		For Office Use Only		Date of Application	
		Date Received	Approved		
Please Type or Print		Check/Money Order Number	Group	1 <input type="checkbox"/>	2 <input type="checkbox"/>
			Number:		
Social Security Number		Last Name		First Name	
Mailing Address		City		State	Zip Code
Telephone Number: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business			Email		
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			Date of Birth		

Military Service
 Are you now or have you ever been a member of the Armed Forces of the U.S.? YES NO
 Give dates of your qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank _____

Education					
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Graduate/ Complete	Major/Minor Course	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Other:</i> Residencies, internships, fellowship training, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		

If you pass all the requirements and are approved for licensure in the state of North Carolina, do you intend to practice here immediately?
 Yes No (Explain Answer)

IMPORTANT INFORMATION TO ALL CANDIDATES

1. Candidates who fail the annual examination are not eligible for licensure through reciprocity.
2. Candidates who fail the annual examination may request a review of individual test scores but may not see the examination questions for security reasons. The Board of Examiners will consider a request for review of individual test scores only when it is in writing and received within thirty (30) days after the test results have been released.
3. Candidates who fail the examination and are granted a review will absorb all costs of this review unless the review takes place at a regular meeting of the Board of Podiatry Examiners.
4. Candidates who pass the licensure examination must pay the initial license fee of \$100.00 prior to December 31 of that year or be subject to the same restrictions placed on all Podiatrists who do not renew their licenses by that date.
5. This application, with a check or money order made payable to the **North Carolina Board of Podiatry Examiners** for the non-refundable examination fee of \$350.00, must be sent to the **NCBPE Executive Secretary at 1500 Sunday Drive, Suite 102, Raleigh, NC 27607-5151**, before it can be processed. The following required documentation must also be received in the office of the Executive Secretary 8 weeks (March 7, 2012) prior to the exam date (May 4-5, 2012) to complete eligibility to sit for the examination.
 - A. Proof of an education equivalent to four years of instruction in a high school is required.
 - B. Transcript of pre-podiatry college studies from "a college or university approved by the American Association of Colleges and Universities" showing a minimum of two (2) years.
 - C. Proof of graduation from Podiatry School "accredited by the National Council of Education of American Podiatry Association." A copy of the diploma or a letter from the school will suffice.
 - D. Official Transcript of Podiatry School studies sent directly from the institution.
 - E. A copy of the National Board of Examination Grades (Parts I and II) sent directly from the National Board of Podiatric Medical Examiners.
 - F. A copy of National Board of Examination Grades Part III (PM Lexis Scores) sent directly from the Federation of Podiatric Medical Boards or the National Board of Podiatric Medical Examiners.
 - G. Three letters of recommendation (See following section) (must be notarized).
 - H. Verification of completion of at least one year residency sent directly from the hospital, medical center or surgery center.
6. The 2012 exam will be held at the Sheraton Chapel Hill, One Europa Drive, Chapel Hill, NC, May, 4-5, 2012.
7. Candidates who successfully pass the examination are required to attend a practice orientation, considered a part of the examination process, following the examination. A group practice orientation is usually held in late July/early August, with the actual date announced at the examination. Licenses are issued after the practice orientation is successfully completed.
8. Failure to notify the Board of Podiatry Examiners office of cancellation may result in a forfeiture of all fees paid.
9. Candidates who fail the exam may apply to the Board for re-examination within a period of one (1) year and be entitled to re-examination upon the payment of the examination fee and resubmission of an updated application. However, no more than two re-examinations shall be permitted prior to going through the entire re-application process.

Signature of Applicant (unsigned applications will not be processed)

Date

References:

Please ask three persons, none of whom is a student or relative, preferably practicing podiatrists, who have known you for the past four years to serve as a reference indicating your character, dependability, podiatric practice expertise and responsibility. They can use the provided Certificate of Recommendation form or a formal letter of reference. These forms/letters must be notarized and should be sent to the North Carolina Board of Podiatry Examiners, 1500 Sunday Drive, Suite 102, Raleigh, NC 27607.

List here the names of the persons from whom we may expect to receive letters

Name of Reference

Street Address

City/State/Zip

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Applicant's Oath:

I, _____, hereby certify under oath that I am the person named in this application for a license to practice podiatric medicine in the State of North Carolina, that all statements I have made herein are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished to this Board with my application. The Photograph submitted heretofore is a true likeness of myself and was taken within sixty days prior to the date of this application.

I further state that by filing this application for a license to practice podiatric medicine in the State of North Carolina, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of podiatric medicine. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records and other information pertaining to me to furnish to the North Carolina Board of Podiatry Examiners or any of its agents or representatives to inspect and make copies of such documents, records and other information in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the North Carolina Board of Podiatry Examiners, its agents or representatives and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the North Carolina Board of Podiatry Examiners. I authorize the North Carolina Board of Podiatry Examiners to release information, material, documents, orders or the like relating to me, or this application, to any other agency of the State of North Carolina or the podiatric medicine licensing agency of any other state or territory of the United States or province of Canada, when and if they deem it appropriate.

Signature of Applicant (unsigned applications will not be processed)

Date

THIS APPLICATION MUST BE NOTARIZED:

STATE: _____

COUNTY: _____

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

NOTARY: _____
Notary Public Seal

My commission expires: _____