

LICENSE APPLICATION CHECKLIST FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

(Do Not Submit – Keep for your records)

Application, Fees and Fingerprints			
<input type="checkbox"/>	Application Fee	<p>A minimum of \$149 is required to submit an application for licensure. This includes fees for application processing and background clearance.</p> <p>Please make check or money orders payable to the <i>Podiatric Medical Board of California</i>. To apply online and pay via credit card please visit: www.breeze.ca.gov</p>	Notes/Date Sent:
<input type="checkbox"/>	Application (P1A-P1GB) <input type="checkbox"/> P1A <input type="checkbox"/> P1B <input type="checkbox"/> P1C <input type="checkbox"/> P1D <input type="checkbox"/> P1E <input type="checkbox"/> P1F <input type="checkbox"/> P1G	Complete all fields and answer all questions.	Notes/Date Sent:
<input type="checkbox"/>	Fingerprints: Live Scan Request Form OR Two Fingerprint Cards	<p>Applicants who reside in California must complete the electronic <i>Live Scan</i> fingerprint process. A copy of the <i>Request for Live Scan</i> form must be submitted with your application.</p> <p>Applicants residing outside California may submit two completed fingerprint cards or visit a California Live Scan facility. If fingerprint cards are needed, please call our office at (916) 263-2647 and they will be mailed to you. <u>All personal data must be completed on the fingerprint cards.</u></p>	Notes/Date Sent:
<input type="checkbox"/>	Official Pre-professional Postsecondary Education transcripts	<p>All official school transcript(s) required from each college or university attended.</p> <p><i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i></p>	Notes/Date Sent:
<input type="checkbox"/>	Official Podiatric Medical School (Form P2)	<p>An official podiatric medical school transcript is required from each podiatric medical school attended.</p> <p><i>Transcript(s) must be mailed directly from the school to the Board to be acceptable.</i></p>	Notes/Date Sent:
<input type="checkbox"/>	License Verification/Letter of Good Standing by State Licensing Agency (if applicable) (Form P3)	<p>This form is to be completed by each licensing agency by any state or country in which you have held a medical license, including temporary or limited/resident licenses.</p> <p><i>Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.</i></p>	Notes/Date Sent:

<input type="checkbox"/>	Certificate of Approved Residency Program Training (Form P4)	Forward this form to your Residency Director for completion and return directly to the Board. In lieu of this form, your Residency Director may prepare a letter on official letterhead with original signature, verifying completion of the program. <i>Certification must be completed and mailed directly from the residency program to the Board to be acceptable.</i>	Notes/Date Sent:
<input type="checkbox"/>	Official American Podiatric Medical Licensing Examination (APMLE) and Part III (PMLexis) reports: <input type="checkbox"/> Parts I, II & III CSPE <input type="checkbox"/> Part III (Permanent License Only)	Official board score reports may be requested from the following websites: FPMB: www.fpmb.org <i>Each score report must be an original, official score report received directly from the FPMB to the Board to be acceptable.</i>	Notes/Date Sent:
<input type="checkbox"/>	Memorandum of Understanding (MOU) for: <input type="checkbox"/> Approved Residency Program Participation (Form P5A) <input type="checkbox"/> "Candidate Status" Residency Program Participation (Form P5B)	Complete all fields, sign and date. MOU for Approved Residency Program Participation means that your residency program has been approved by the Council on Podiatric Medical Education (CPME). MOU for "Candidate Status" Residency Program Participation means that your residency program has not been approved by the CPME. View the List of Approved Residencies on CPME's website to determine eligibility: www.cpme.org .	Notes/Date Sent:
<input type="checkbox"/>	Disciplinary Databank Report (Permanent License Only)	Request this report directly from the Federation of Podiatric Medical Boards (FPMB) website at www.fpmb.org . <i>This report must be received directly from the FPMB to the Board to be acceptable.</i>	Notes/Date Sent:
<input type="checkbox"/>	Explanation to Question # ____ (if applicable)	The <i>Explanation to Questions # ____</i> form may be used to provide a detailed written explanation for a "yes" response to a question on the application. The Board will also accept a signed and dated letter of explanation.	Notes/Date Sent:
<input type="checkbox"/>	License Expiration Advisory and Request for Birth Month Licensure	Complete the <i>License Expiration Advisory and Request for Birth Month</i> form and submit it with your application.	Notes/Date Sent:
<input type="checkbox"/>	License fees: <input type="checkbox"/> Resident License \$100 <input type="checkbox"/> Permanent License \$900	A license fee is payable upon meeting all licensure requirements or at any point during the application process. Please make check or money orders payable to the <i>Podiatric Medical Board of California</i> . To apply online and pay via credit card please visit: www.breeze.ca.gov	Notes/Date Sent: