

Montana Board of Medical Examiners
PO Box 200513
(301 South Park Avenue 4th Floor - Delivery)
Helena, MT 59620-0513
PHONE: 406-444-5773 FAX: 406-841-2305

E-MAIL: dlibsdmed@mt.gov

WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a completed application)

CERTIFICATION REQUIREMENTS:

- Must be licensed in Montana as a podiatrist; and
- Submit proof of certification by the American Board of Podiatric Surgery in foot and ankle surgery or reconstructive rear foot/ankle surgery; *or*
- Submit proof of current licensure or certification to perform ankle surgery in another state whose licensing standard at the time the license or certificate was issued was essentially equivalent, in the judgment of the board, to those of this state; *or*
- Submit proof of completion of a podiatric surgical residency approved in the year of the candidate's residency by the council on podiatric medical education or the American Board of Podiatric Surgery or successor(s), and submit evidence satisfactory to the board of not fewer than 25 ankle surgeries performed by the applicant and proctored by a primary surgeon of record who is an orthopedic surgeon with foot and ankle experience or a doctor of podiatric medicine with ankle surgery certification within the 5 years immediately preceding this application

FEES: \$100.00 - Certification Fee (non-refundable) (One time fee)

Make payable to Montana Board of Medical Examiners

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application.

- **Recent National Practitioner Databank (NPDB) self-query (Letter Unopened)**
- **Current Verification from all State Licensing Boards where licensed or certified in ankle surgery**
- **Proof of one of the following:**
 - 1) **Certificate from the American Board of Podiatric Surgery; or**
 - 2) **Proof of current licensure from another state with Ankle Surgery Certification; or**
 - 3) **Proof of not fewer than 25 ankle surgeries proctored by a Board Certified Orthopedic Surgeon or Doctor of Podiatric Medicine**

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

APPLICATION PROCEDURES:

- ◆ A verification of licensure must be sent directly from the state board(s) in which the applicant is currently or has ever been licensed or certified for ankle surgery. Please make copies of the attached verification request form as needed. Some states may charge a fee for verification. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status, complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES:

- ◆ An application file must be complete before consideration of licensure. You will be notified in writing of any items missing from the application file.
- ◆ An application takes 10 days to process from the time it is complete.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE:

- ◆ **National Practitioner Data Bank (NPDB) self-query.** This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office.

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 444-5773 or email us at dlibsmed@mt.gov

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR PODIATRY ON OUR WEBSITE: <http://www.medicalboard.mt.gov>

MONTANA BOARD OF MEDICAL EXAMINERS
(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 444-5773 FAX (406) 841-2305
E-MAIL dlibsmed@mt.gov
WEBSITE: www.medicalboard.mt.gov

AFFIX PHOTO
HERE
PASSPORT SIZE

Application for Certification by:

- American Board of Podiatric Surgery Certification
- Ankle Surgery Certification in another state
- Surgical Residency [pursuant to ARM 24.156.1003(c)]

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date that the Board has a complete application)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____
(Maiden, Nicknames, Etc.)

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS Business Home E-MAIL ADDRESS _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State MALE FEMALE

9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Have you ever previously applied for an ankle surgery certification in Montana?
If yes, give date and results. Yes No

11. Have you ever been denied licensure or the opportunity to take this profession's
licensing examination in any state or country? If yes, attach a detailed
explanation. Yes No

12. Have you ever withdrawn an application for medical licensure? If yes, please give
the state and reasons for withdrawal. Yes No

13. **CURRENT MONTANA PODIATRIST LICENSE NUMBER:** _____

14. **ABPS Foot/Ankle Surgery Certification:** Attach proof of certification by the American Board
of Podiatric Surgery in foot/ankle surgery or reconstructive rear foot/ankle surgery.

-OR-

Ankle Surgery Certification in another state. List all ankle surgery license/certifications you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

-or-

PODIATRIC SURGICAL RESIDENCY List each podiatric surgical residency. Attach evidence of not fewer than 25 ankle surgeries you performed that were proctored by primary surgeon of record who is an orthopedic surgeon with foot and ankle surgery certification or a doctor of podiatric medicine with an ankle surgery certification within the five years immediately preceding this application.

NAME OF FACILITY	LOCATION OF FACILITY	DATES	NAME & PHONE NUMBER OF PRIMARY SURGEON OF RECORD

15. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
19. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

20. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
21. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
22. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
25. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No
26. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
27. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. Yes No
28. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No
29. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Medical Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A PHYSICIAN. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD: _____

I am applying for a license to practice medicine in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____