



Montana Board of Medical Examiners

PO Box 200513
301 S Park, 4th Floor
Helena, MT 59620-0513
Phone: 406-444-6880

Email: dlibsmed@mt.gov Website: www.medicalboard.mt.gov

Licensing Requirements and Application Checklist Podiatrist

License Requirements for Podiatrist

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Graduation from a school of podiatry approved by the board – [MCA [37-6-302](#), [ARM 24.156.1001](#)]
2. Completion of at least 1 year of postgraduate training or equivalent training or experience – [MCA [37-6-302](#), [ARM 24.156.1008](#)]
3. Passage of an exam administered by the National Board of Podiatry Examiners / Diplomate of the National Board of Podiatry Examiners [MCA [37-6-302](#), [ARM 24.156.1001](#)]
4. Good moral character – [MCA [37-6-302](#)]

Checklist of Required Documents to Submit for Application for Podiatrist

The following documents and additional forms are required in addition to the basic application. All license, education and exam verifications must be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type.
- Primary source verification of podiatric medical education.
- Primary source verification of examination passage.
- Federation of Podiatric Medical Boards disciplinary report submitted directly from FPMB to the board.
- History of applicant's podiatric practice, including dates and locations and any periods of inactivity.
- If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.)

Application Fee(s) for Podiatrist

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$375 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

**Montana Board of Medical Examiners
PO Box 200513
(301 South Park Avenue 4th Floor - Delivery)
Helena, MT 59620-0513**

PHONE: (406) 444-6880 FAX: 406-841-2305

E-MAIL: dlibsmed@mt.gov

WEBSITE: www.medicalboard.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

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

INFORMATION ABOUT OTHER FORMS INCLUDED IN THIS APPLICATION:

FEDERATION OF PODIATRIC MEDICAL BOARDS. "Part I, II & III (PMLexis) and Disciplinary reports should be ordered directly from the Federation of Podiatric Medical Boards via their online system at <https://www.fpmb.org>. Payment can be made with a credit card. Alternatively, online orders can be printed and mailed to the FPMB with a check."

CERTIFICATE OF PODIATRY EDUCATION. You must complete the bottom portion of page 8 in front of a notary and send the form to your podiatry school. The top portion of page 8 must be completed by school officials and sent directly back to the Board office.

VERIFICATION OF EXAMINATION SCORES. You must request verification of your examination scores and have them sent directly to the Board office. For verification of Parts I and II, please contact Prometric at (877) 302-8952 or <http://apmle.com>. For verification of Part III (PMLexis), please contact the FPMB at (202) 810-3762 or www.fpmb.org or by writing to: Federation of Podiatric Medical Boards, 12116 Flag Harbor Drive, Germantown, MD 20874-1979.

APPLICATION PROCEDURES:

When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

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. The Board meets once every two months.

Any application requiring Board review must be complete, with all materials received by the Department, no later than 30 working days in advance of the next scheduled Board meeting. Applications completed after that deadline will not be put on the Board's agenda.

Keep the Board office informed at all times of any address changes, changes in license status and 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. The applicant will be notified in writing of any items missing from the application file.

Once a routine application is processed and approved a permanent license will be issued.

For information with regard to the processing of this application, please contact the Board of Medical Examiners staff at (406) 444-6880 or email us at dlibsmed@.mt.gov

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

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(301 SOUTH PARK, 4TH FLOOR - Delivery)
P. O. Box 200513
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Application for Licensure as Doctor of Podiatric Medicine

Allow 10 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

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

6. E-MAIL ADDRESS _____

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

8. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

9. DATE OF BIRTH _____ MALE
FEMALE

10. Which exam did you take for initial licensure?
NBPME PART I & II PART III (PMLexis) State Exam (indicate which state) _____

11. Do you intend to practice in the State of Montana? If yes, attach a brief explanation. Yes No

12. Have you ever previously applied for a license to practice in Montana? If yes, give date and results. Yes No

13. 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

14. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method			Requested State Verification	
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No
				Exam	Endorse	Other	Yes	No

**PERSONAL HISTORY QUESTIONS
 IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

15. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
16. Have you ever surrendered a credential like those listed in question 15, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
17. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
18. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No
19. Have you ever withdrawn an application for any professional license? Yes No
- As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?
20. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet)? Yes No

Note on Questions 21 and 22: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

21. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

22. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 23 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

23. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No

24. Are you now subject to criminal prosecution or pending criminal charges? Yes No

25. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No

26. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No

27. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No

28. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No

29. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No

30. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No

31. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

33. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of Podiatry School	City and State/Province/Territory	Dates Attended	Degree Earned

Post-graduate Program	City and State/Province/Territory	Dates Attended	Diploma Received
			Yes No
			Yes No

34. Have you ever been certified by a Podiatric Board? Yes No

Specialty/Certifying Board	Specialty	Date Awarded, Re-certified

Surgical Residency Program	City and State/Province/Territory	Dates Attended	Diploma Received
			Yes No
			Yes No

(Please note that if you wish to practice Ankle Surgery in the State of Montana, you will need to complete the Ankle Surgery Certification Application, submit additional fees and be approved by the Board.)

35. Have you ever been denied specialty certification or failed to pass a specialty certification examination or portion thereof? Yes No

By whom? _____

Reason for denial? _____ Number of times failed _____

36. PRACTICE HISTORY: List **all** activities after medical school (other than those already set forth above) in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. (If medical practice, indicate nature of practice.) **Account for all periods of time longer than 1 month. Indicate specific month and year for each activity.** Use additional paper if necessary.

Name & Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

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

CERTIFICATE OF PODIATRY EDUCATION

(Please forward this form to the school of podiatry for certification of applicant's podiatry degree)

Do not make this endorsement unless applicant has completed the AFFIDAVIT

Please complete and return form directly to: BOARD OF MEDICAL EXAMINERS, PO BOX 200513, HELENA, MT 59620-0513

It is hereby certified that _____ of

Graduated from _____ Location

Date Graduated _____, and is to the best of our knowledge is of good moral character.

President, Dean or Registrar Signature

Date Certified

(SEAL OF SCHOOL)

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

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

SEAL

Signature of Notary Public

Printed Name of Notary Public

For the State of

My commission expires _____.

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? Yes No

If NO, please explain: _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? Yes No

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? Yes No

If yes, explain: _____

Derogatory information, if any: _____

Comments, if any: _____

Signed: _____

Title: _____

State Board: _____ Date: _____

BOARD SEAL