

STATE OF MAINE
BOARD OF LICENSURE OF PODIATRIC
MEDICINE

APPLICATION FOR LICENSURE

- Residency



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised: 9/2009

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Licensure of Podiatric Medicine is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Disciplinary Reports Form
- Certificate of Podiatric Education Form
- Request for Certified Score Report Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet
- Prescriber Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Podiatrists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch51sec0.html> or call (207) 624-8626

- Licensing Rules for Podiatrists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#396> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- The application, along with all supporting documents and payment of the required fees, must be submitted to the Board at least 60 days prior to the Board meeting at which you wish to have your application reviewed. Following an evaluation of your credentials, you will receive notice of the outcome of the evaluation. Before licensure may be granted, applicants must present themselves for and successfully pass an oral examination at a regular meeting of the Board.
- The Board has adopted the National Board of Podiatric Medical Examiners Part III Examination as its standard examination for licensure qualification. The examination will be offered in Maine in June and December of each year.

RESIDENCY APPLICATION

All applicants must submit the following:

- A completed Application;
- Payment of an Application Fee of \$50.00;
- Payment of a Licensure Fee of \$450.00;
- Payment of a Criminal History Records Check Fee of \$21.00

Note: All fees can be in one payment.

- Copy of applicant's CPR certification;
- Copy of podiatric degree;
- Official documentation of passing scores on Parts I and II of the National Boards;
- NPDB/HIPDB Self-query Reports; and
- Official documentation of pre-podiatric education.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
SIGNATURE DATE

Board of Licensure of Podiatric Medicine	
Required Fee: \$521 (includes Criminal History Records Check Fee)	
Please Select License Type: <input type="checkbox"/> Licensed Residency Podiatrist (RES1421)	Office Use Only: 1421 - \$450.00 1446 - \$50.00 2619 - \$21.00 1447 - \$900.00
Please check here if requesting to sit for Part III National Boards: <input type="checkbox"/> Written Examination (1447)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
SIGNATURE DATE

PERSONAL INFORMATION

Birthplace _____

Sex Male Female

COLLEGE EDUCATION

Name of Institution _____

Location _____

Dates Attended: from _____ to _____

Degree: _____ Date of Degree: _____

PODIATRY EDUCATION

Name of Institution _____

Location _____

Dates Attended: from _____ to _____

Degree: _____ Date of Degree: _____

DISCIPLINARY HISTORY

If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been called before any state board for any violation of the Podiatric Practice Act of Unethical Behavior?

YES NO

2. Have you ever received psychiatric treatment or treatment for mental illness?

YES NO

3. Have you ever been addicted to or treated for addiction to narcotic drugs or alcohol?

YES NO

4. Have you ever been convicted of a violation of any narcotic drug law?

YES NO

5. Have you ever been denied the privilege of taking the examination for licensure by any state podiatric board?

YES NO

6. Have you ever been denied a DEA registration number or have you been issued a restricted DEA registration?

YES NO

7. Have you ever had any malpractice suits filed against you?

YES NO

PLEASE PLACE RECENT
PHOTOGRAPH HERE

PROFESSIONAL EDUCATION AND EXPERIENCE

Please list all professional education & experience including college, podiatric school, residencies and practice. Include all periods of time from the date of graduation from podiatric school to present, whether or not engaged in activities related to podiatry.

- **Copy of certificate(s) must accompany application.**

<u>DATES FROM - TO</u>	<u>NAME & ADDRESS OF INSTITUTION, PLACE OF PRACTICE OR OTHER</u>	<u>DEGREE, CERT., OR NATURE OF EXPERIENCE</u>

HOSPITAL AFFILIATIONS

List names & addresses of all U.S. or Canadian hospitals/institutions where you are or were a member of the staff (if not included in the above listing)

<u>DATES FROM - TO</u>	<u>NAME AND COMPLETE ADDRESS OF HOSPITAL OR INSTITUTION</u>

AFFIDAVIT OF APPLICANT

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice podiatry in the state of Maine.

I hereby authorize all hospitals, podiatric institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies to release to this licensing board, for it's evaluation, any information, files or records required by the board.

Signature of Applicant _____

Date _____



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board of Licensure of Podiatric Medicine
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

JOHN ELIAS BALDACCI
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

DISCIPLINARY REPORTS

State licensing boards may require a Federation disciplinary data bank report at the time an application for licensure is presented. The data bank lists completed public record actions taken by state boards or reported by the DHHS Inspector General. If no adverse actions are on file, a form sent in by the candidate will be validated accordingly and returned to the state board.

SEND THIS FORM AND PAYMENT IN CERTIFIED FUNDS
 (TELLER'S CHECK, BANK/POSTAL MONEY ORDER)
 IN THE AMOUNT OF \$50 TO:

**Federation of Podiatric Medical Boards
 6551 Malta Drive
 Boynton Beach, Florida 33437**

Name: _____

Address (where you can be reached): _____

City, State, Zip: _____

Telephone (where you can be reached): _____

Date of Birth: _____

Social Security Number: _____

School and Year of Graduation: _____

STATE BOARD TO RECEIVE THIS REPORT:

**Maine Board of Licensure of Podiatric Medicine
 35 State House Station
 Augusta, ME 04333**



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(888) 577-6690 (HEARING IMPAIRED)

OFFICE PHONE: (207)624-8626

OFFICES LOCATED AT: 76 NORTHERN AVENUE,
 GARDINER, MAINE

FAX: (207)624-8637



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Board of Licensure of Podiatric Medicine
 35 STATE HOUSE STATION
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JOHN ELIAS BALDACCI
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ANNE L. HEAD
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CERTIFICATE OF PODIATRIC EDUCATION

I am applying to practice podiatry in the state of Maine. The Maine board requires verification of my podiatric education. This is your authority to release any information in your files directly to the Maine board at the above address.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE PODIATRIC SCHOOL.

I hereby certify that the above named applicant has received the degree of doctor of podiatric medicine.

Name of podiatric school _____

Address of school _____

Dates of attendance: from _____ to _____

Degree conferred: _____ date conferred: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE SCHOOL
 SEAL HERE**



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REQUEST FOR PART I & II EXAMINATION CERTIFIED SCORE REPORT

INSTRUCTIONS: Applicants for licensure who:

(1) Have already taken the Part I & Part II in another state; **AND**

(2) Whose score has been reported to that state's licensing board may (by completing this form **AND** including money order or teller certified funds in the amount of \$45 payable to FPMB) request that the Federation certify that score to another state board. The \$45 fee applies to each score report to every additional (second, third, etc.) state board.

SEND THIS FORM AND PAYMENT IN CERTIFIED FUNDS
 (TELLER'S CHECK, BANK/POSTAL MONEY ORDER) TO:

**Federation of Podiatric Medical Boards
 6551 Malta Drive
 Boynton Beach, Florida 33437**

Name: _____

Address (where you can be reached): _____

City, State, Zip: _____

Telephone (where you can be reached): _____

State in which you took the PMLexis: _____

Date (month and year) on which you took the PMLexis: _____

School and Year of Graduation: _____

STATE BOARD TO RECEIVE THIS REPORT:

**Maine Board of Licensure of Podiatric Medicine
 35 State House Station
 Augusta, ME 04333**



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 GOVERNOR

ANNE L. HEAD
 DIRECTOR

VERIFICATION OF LICENSURE FORM

I am applying for licensure to practice podiatry in the state of Maine. The Maine board of licensure of podiatric medicine requests verification of licensure from the states where I hold or have held licensure. This is your authority to release any information in your files, favorable or otherwise, directly to the Maine board. Please return completed form directly to the Maine board at the above address.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____



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THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE PODIATRY BOARD

Licensee name and address: _____

Dates of issue: _____ expiration date: _____

License issued by: examination _____ endorsement _____

If licensed by examination, please list subjects examined on and score for each subject:

Is applicant considered a podiatrist in good standing in your state? _____

If no, please attach an explanation.

Have there been any actions taken against the licensee by your board? _____

If yes, please attach an explanation.

The _____ state board hereby agrees to extend the privilege of licensure without examination to applicants licensed by examination in the state of Maine who meet the licensing requirements of this state.

Name of state board: _____

Name of official completing form: _____

Official's title: _____

Official's signature: _____ date: _____

**PLEASE PLACE
 BOARD SEAL HERE**



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STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
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04333-0035

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DIRECTOR

National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395

Dated: September 28, 2007



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
35 STATE HOUSE STATION
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04333-0035

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Notice to Applicants Regarding Confidentiality of Prescriber Information

Prescription drug information that identifies the prescriber is sometimes used for marketing purposes by carriers, pharmacies, and prescription drug information intermediaries. A new Maine law ([2007 Public Law Chapter 460](#)) entitled "An Act to Amend the Prescription Privacy Law" now enables authorized prescribers (including **Licensed Naturopathic Doctors, Licensed Podiatrists, and Licensed Veterinarians**) to file for confidential protection of their prescriber information.

Effective January 1, 2008, carriers, pharmacies, and prescription drug information intermediaries will be prohibited from licensing, using, selling, or exchanging for value, for any marketing purpose, prescription drug information that identifies a prescriber who has filed for confidentiality protection. A prescriber who files for confidential protection will have such protection until he or she revokes that protection. Applicants and licensees who desire this confidentiality protection may file for such protection with the Maine Health Data Organization.

Below is an electronic link to the Maine Health Data Organization website where prescribers may enroll in the confidentiality program: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

For more information regarding the confidentiality program please contact the Maine Health Data Organization at: <http://mhdo.maine.gov/imhdo/index.aspx> or call them at (207)287-6722.

Important Notice to prescribers:

The U.S. District Court in Bangor has issued a preliminary injunction which prevents the Attorney General from enforcing this statute. However, the Court has allowed certain non-enforcement aspects of the statute to proceed, including allowing interested health care providers to request that their prescription drug information not be sold or used for marketing purposes by using the registration process on this webpage. In the event you elect to request confidentiality protection, your request will be duly filed, but your prescription drug information will remain subject to marketing by carriers, pharmacies and prescription drug intermediaries unless and until the preliminary injunction of the U.S. District Court is vacated. For further information, you may reference the orders of the U.S. District Court by the following links:

[IAW 01-02-2008 1-07-cv127 IMS V MAINE.pdf](#)

[IAW 02-15-2008 1-07cv127 IMS V MAINE.pdf](#)



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