

STATE OF MAINE
BOARD OF LICENSURE OF PODIATRIC
MEDICINE
APPLICATION FOR LICENSURE

- Residency



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Physical Location) 76 Northern Avenue, Gardiner, Maine 04345

Office Telephone: (207) 624-8623
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

APPLICANT INFORMATION GUIDE

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>

- ◆ 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>

- ◆ Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

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>

RESIDENCY APPLICATION

An application shall include:

- Completed and signed Application;
- Payment of a Licensure Fee of \$500.00;
- Payment of a Criminal History Records Check Fee of \$21.00;

Note: All fees can be in one payment.

- Official transcript of pre-podiatric education;
- Copy of podiatric degree;
- A Copy of Official documentation of passing scores on Parts I, II and III of the National Boards;
- Copy of applicant's CPR certification.
- DEA Number.

APPLICATION PROCEDURE

The State Board of Licensure of Podiatric Medicine requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete if supporting documents and/or fees are omitted.** Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signatures, illegible information, missing supporting documents, and/or missing or wrong fee.

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete, you will be notified by email.

Please refrain from calling our office to “check” on the status of your application as these calls only serve to slow our ability to review and process applications.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your license will be attached to that email. (a paper license will **not** be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your access code or password you have chosen.

DEA NUMBER

*** Important Notice:** If you have a DEA number you must provide it with this application. If you do not currently have a DEA number, it is your responsibility to complete and file the appropriate DEA application to secure a DEA number, and to report this number, in writing, to this office immediately upon receipt. A copy of your DEA Registration must be submitted via email to podmed.board@maine.gov. Subject line must say “MELIC-DEA Reporting”

10 DAY REPORTING

Please be advised that any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days pursuant to 10 MRS §8003-G: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345

Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 Web: www.maine.gov/professionallicensing

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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOP staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **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 Professional and Occupational Regulation 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.
- ◆ 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 PROFESSIONAL AND OCCUPATIONAL REGULATION
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	
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 Professional and Occupational Regulation 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		Office Use Only:	
Required Fee: \$521 (includes Criminal History Records Check Fee)		1421 - \$500.00 2619 - \$21.00	
Please Select License Type: <input type="checkbox"/> Licensed Residency Podiatrist (RES1421)		<i>Office Use Only:</i>	
Please check here if requesting to sit for Part III National Boards: <input type="checkbox"/> Written Examination		Check # _____ Amount: _____ Cash # _____ Lic. # _____	
Rev. 4/2022			

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
MAILING ADDRESS OF CARDHOLDER (please print)			
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____ <input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Undergraduate Education

Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Medical Education

Name of Medical School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:	Date Conferred:	

Professional Experience/Hospital Affiliations/Work History

List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Include all periods of time from the date of completion or residency to the present.

Dates	Name of Hospital, Institution or Practice	Address	Nature of Experience

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

DEA NUMBER

DEA Number: _____

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 been convicted of a violation of any narcotic drug law?
 YES NO
3. Have you ever been denied the privilege of taking the examination for licensure by any state podiatric board?
 YES NO
4. Have you ever been denied a DEA registration number or have you been issued a restricted DEA registration?
 YES NO
5. Have you ever had any malpractice suits filed against you?
 YES NO

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

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: <https://mhdo.maine.gov/index.aspx>

For more information regarding the confidentiality program please contact the Maine Health Data Organization at: <https://mhdo.maine.gov/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:

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

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