

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



**APPLICATION INSTRUCTIONS AND FORMS
FOR A LICENSE TO PRACTICE PODIATRY
IN THE DISTRICT OF COLUMBIA**

Your interest in becoming licensed as a Podiatrist in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded except as specified in these instructions.

This package contains the forms to apply for a Podiatry license in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or need to provide explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the DC Board of Podiatry will review your application. The Board of Podiatry meets quarterly. Upon Board approval you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HPLA's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be **sent to** the following address:

D.C. Board of Podiatry
P.O. Box 37802
Washington, D.C. 20013

If you have any questions, call HPLA's Customer Service line at 1-877-672-2174 between 8:30 a.m. and 4:30p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a Podiatry license in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

3. A complete and signed application, including required supporting documents;
4. One (1) **clear photocopy of a government-issued photo ID**, such as a valid driver's license, as proof of identity.
5. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
6. A check or money order for the total fee of \$264.00 made payable to DC Treasurer.
7. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.
8. Official transcript showing proof of receipt of a degree in Podiatry.
9. Documentation of completion of a residency program which has been accredited by the Council on Podiatric Education.
10. Completed reference forms may be submitted in sealed envelopes along with the application. Podiatrists must complete these forms.
11. Criminal Background Check – **Criminal Background Check Fees are separately payable to L-1 Identity Solutions** to schedule an appointment **or see fee schedule** (Call 1-877-783-4187 or www.L1enrollment.com)

COMPLETING THE LICENSE APPLICATION SECTION 1. REQUESTED LICENSE TYPE/FEEES

- a. The methods for becoming licensed in the District of Columbia are outlined below. The one letter code/ abbreviation for each origin is indicated in parenthesis. Check the correct description on the "Application" line in section one of your new license application.

Examination (E)	Prior successful completion of the National Examination (National Board of Podiatric Medical Examiners examination) and meet other requirements.
Endorsement (N)	Prior successful completion of the National Examination (National Board of Podiatric Medical Examiners examination) and meet other requirements. You must also supply an official verification of licensure from the state or jurisdiction where you are holding a podiatry license.

b. The following license type is available under the Board of Podiatry:

License Abbreviation	License Description
PO	Podiatrist

c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (a \$34 fee for each duplicate). Mark the “duplicate licenses” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed on the next page on the Fee Matrix.

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	Criminal Background Check**	Total Due*
PO	Examination (E)	\$85	\$179	\$50	\$314
PO	Endorsement (N)	\$85	\$179	\$50	\$314

*The **Total Due** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

**Fee is charged for those applicants using the DC MPD service to the Criminal Background Check. For those not residing in the District of Columbia, you may choose to use the service of a local law enforcement agency to initiate the Criminal Background Check. Fees would be paid directly to the local law enforcement agency for services rendered.

DC Podiatry licenses expire on March 31 of even numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to HPLA/Board of Podiatry. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Podiatry at the address listed on page 1. Without an updated address, you may not receive your renewal notice.

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. All applicants must be at least 18 years of age. The Child Support and Welfare Reform Compliance Amendment Act of 2000, Act 13-559, requires that social security numbers be collected and maintained in licensee files. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package *or* requested to be sent under separate cover to the Board of Podiatry.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 4. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

SECTIONS 5A. & B. HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

SECTION 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants must demonstrate educational qualifications by arranging for the educational institution from which the applicant received a podiatric degree to send an official transcript to the applicant. The applicant should then submit the transcript in the original sealed envelope with the license application to Board of Podiatry. Some universities' policies may require sending the transcript directly to the Board, but it is preferred that it accompany the license application.

The applicant is to provide transcripts from all the schools that the applicant attended since high school. An applicant must have received a degree from an institution that was accredited by the Council on Podiatric Medical Education (CPME) at the time the degree was conferred.

SECTION 6B. POSTGRADUATE EXPERIENCE

List all experience since graduation from a professional school in reverse chronological order, beginning with the most recent at the top. Please explain any gaps in employment.

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all jurisdictions in which you have ever been licensed.

If you are licensed in another jurisdiction, a statement of good standing must be submitted directly to the Board of Podiatry by the applicable state boards.

Applicants who have been licensed in another jurisdiction for two (2) years or more must provide Letter(s) of Certification (noting that the applicant is licensed and in good standing) from all jurisdictions where the applicant is currently licensed.

SECTION 7. SCREENING QUESTIONS

If you answer "Yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit DOH/HPLA's website at www.hpla.doh.dc.gov or call HPLA's Customer Service line at 1-877-672-2174. The forms that make up this package are:

- Podiatry Regulations
- Podiatry Application Checklist
- Podiatry New License Application
- Podiatry New License Instructions
- Supplemental Form

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods. The law governing podiatry licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing podiatry licensure are included in *DC Municipal Regulations Title 17, Chapter 68*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Podiatry if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF PODIATRY LICENSURE REQUIREMENTS

License Type	Application Method	Signed Application for License	Two 2" x 2" Photos	Official Transcript ¹	Professional Reference Forms ²	National Exam Results	PART 3 exam score of 75 or better	Proof of Residency	Verification of Licensure	Name Change Documentation ³	Criminal Background Check ⁴	Check or Money Order ⁵
PO	Examination	X	X	X	X	X	X	X	O	X	X	\$264
PO	Endorsement	X	X	X	X	X	X	X	X	X	X	\$264

X = Required
O = Not required

¹ An applicant must have received a degree from an institution that was accredited by the Council on Pediatric Medical Education (CPME) at the time the degree was conferred. A transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

² Completed reference forms may be submitted in sealed envelopes along with the application

³ If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, or court order.

⁴ Fee is charged for those applicants using the DC MPD service to provide the Criminal Background Check.

⁵ Check or money order MUST be made payable to DC Treasurer.