

INSTRUCTIONS FOR COMPLETING PODIATRIC MEDICINE APPLICATION
(This form has been designed for you to use as a checklist for processing your application)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

This is the application for a license to practice Podiatric Medicine.

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of podiatric medicine in Virginia. They can be found at:
http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 3-4 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 30 days for your application checklist to be first updated on the Board's website.

Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov, with "Podiatric Medicine Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Before calling the Board, please visit <https://dhp.virginiainteractive.org/Lookup/Index> to view your newly issued license. This website is primary source license verification that meets the Joint Commission's requirements for license verification. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full and accurate responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

- Complete the online application** <https://www.license.dhp.virginia.gov/apply/>, which includes paying the nonrefundable application fee of \$302.00. Application fees may only be paid using Visa, MasterCard or Discover.

Podiatric School Transcripts – Official podiatric medical school transcripts must be received by the Virginia Board of Medicine. Transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the medical school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received.

Employment Activity Questionnaire (Form B) – *Employment Activity (Form B) Questionnaire*
A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years.

Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.

If engaged in private practice, without hospital affiliation, have another physician who is not related submit a letter attesting to your practice.

For Locum Tenens physicians or those practicing telemedicine, employment verifications must be received from every location of service you have worked for in the past 5 years.

Completed Form B's may be attached as a PDF and sent to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

Jurisdiction Clearance – License Verification
Verification of medical licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice medicine to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

PMLexis Scores and Federation Disciplinary Inquiry – The Board requires verification of passage of the Federation of Podiatric Medical Boards Parts I, II, Part III PMLexis Examination the Disciplinary Report. These documents must come directly from the Federation. Please visit www.fpmb.org and click on “Order Reports” for instructions.”

Postgraduate Training - A completed Form B Activity Questionnaire or a letter of recommendation must be received from all places of postgraduate training including internships, residencies and fellowships listed for the past 5 years. If your postgraduate training occurred more than 5 years ago, you may fulfill this requirement by sending copies of your certificates of completion. Otherwise have your program complete and forward Form B. PDF attachments may be emailed to medbd@DHP.Virginia.gov, faxed to (804) 527-4426 or mailed.

Please note:

▶ Virginia is a direct verification state. All supporting documents must come from the original source unless specifically noted in the instructions.

▶ Applications not completed within 12 months may be purged without notice from the board.

▶ Additional information not already listed may be requested at any time during the process.

▶ Application fees are non-refundable.

▶ The Board's mailing address is **The Virginia Board of Medicine**
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

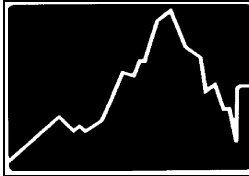
► Email inquiries are normally responded to within 2 business days. Send your email inquiries to **medbd@DHP.Virginia.gov**, with **Podiatric Medicine Application** in the subject line.

► Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

Contact person: Pam Smith email: pam.smith@dhp.virginia.gov fax – 804-527-4426

No application will be considered by the board until the entire file is complete. Therefore, you should not make any firm commitment to begin working until you have received notification of licensure from this office.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



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Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

| | Poor | Fair | Good | Superior |
|------------------------------|------|------|------|----------|
| Professional knowledge | | | | |
| Clinical judgment | | | | |
| Relationship with patients | | | | |
| Ethical/professional conduct | | | | |
| Interest in work | | | | |
| Ability to communicate | | | | |

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Print or type name: _____

Signator Contact Number: (_____) _____

Title: _____