



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)



## Texas Department of Licensing and Regulation (TDLR)

**TDLR encourages applicants for the Provisional license to consider applying for full DPM license as process improvements have reduced the amount of time to schedule and take the jurisprudence exam.**

The following requirements **MUST** be submitted prior to issuance of a **PROVISIONAL LICENSE** to practice podiatric medicine in Texas. A license will not be issued until **ALL** requirements are met. The practice of podiatric medicine without an appropriate license issued by the Texas Department of Licensing and Regulation (TDLR) is a criminal violation of Texas law.

### Checklist and Requirements for Provisional Licensure

To be eligible for a provisional license to practice podiatric medicine in Texas, you must have graduated from an approved college or school of podiatric medicine. A list of approved colleges/schools can be located on the Department's website at: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

In addition, you **MUST** meet the following requirements and **SUBMIT** the appropriate documentation:

- (1) Complete application.
- (2) Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners and Part III administered by the Federation of Podiatric Medical Boards. You must request score reports and have them sent directly to TDLR. (Applicants who were licensed in another state prior to January 1992 may request an exemption from Part III)
  - **Verification by the National Board of Podiatric Medical Examiners (NBPME).** Complete and forward to the NBPME with their processing fee and the year of your graduation. You may request your Part I and II score report directly from the NBPME website at [www.apmle.com](http://www.apmle.com). Official scores for Parts I and II must be sent **directly** to TDLR from the NBPME.
  - **Certified Score Report by the Federation of Podiatric Medical Boards (FPMB) (Form P6).** Complete and forward to the FPMB with their processing fee and the date and location of your exam. You may request your Part III score report directly from the FPMB website at [www.fpmb.org](http://www.fpmb.org). Official scores for Part III must be sent **directly** to TDLR from the FPMB.
- (3) Criminal History – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf)  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).

#### **REQUIRED FOR ALL NEW APPLICANTS:**

**Fingerprinting:** All new applicants must submit fingerprints for a national criminal history record review. The applicant is responsible for paying the fee associated with this review to the fingerprint service vendor used by Texas Department of Public Safety. Once your completed application is received by TDLR, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

- (4) Submit an official transcript verifying that your podiatric medical degree has been conferred.
- (5) Submit a copy of your Residency Certificate of Completion for fellowship approved by the Council of Podiatric Medical Education or letter from the residency director with start and end dates of residency program.

- (6) Submit license verification from all states in which a podiatric medical license has been held. (Current, temporary, cancelled, etc.)
  - **Certificate by Licensing Agency.** Forward to licensing agencies for any state or country in which you have held a podiatric medical license (i.e. Temporary, Provisional, Permanent, etc.). The form must be completed by each licensing agency and returned **directly** to the TDLR.
- (7) Proof of successfully completing a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.
- (8) TDLR will conduct a query from the National Practitioner Data Bank (NPDB-HIPDB) for each applicant. A separate report is not required to be submitted to the Department.
- (10) Provide sponsor information.
  - **Memorandum of Understanding for Provisional Licensure** acknowledging acceptance of a position with sponsoring DPM
  - **Sponsor for Provisional License form**
- (11) Email Address - By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.



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## APPLICATION FOR PROVISIONAL LICENSE (OUT-OF-STATE)

**TDLR encourages applicants for the Provisional license to consider applying for full DPM license as process improvements have reduced the amount of time to schedule and take the jurisprudence exam.**

**Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application.**

***Application fee: \$125.00 (Fees are Non Refundable)***

1. Full Legal Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
2. Other Names you have used:	_____			
3. Mailing Address	_____			
	(Give in full, City, County, State, Zip Code, and Country)			
4. Telephone #	_____		5. E-mail Address:	_____
6. Social Security #	_____ - _____ - _____	7. Date of Birth:	_____/_____/_____	
8. Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male			
9. If you have ever held a Texas DPM license please list type and license #:	_____			

### EDUCATION

10. List the name, address and attendance information for all undergrad schools.

Name	Address	Period of Attendance	
		From (Mo/Yr)	To (Mo/Yr)
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/

11. List name, address and attendance information of all schools where professional podiatry instruction was received.

Name	Address	Period of Attendance	
		From (Mo/Yr)	To (Mo/Yr)
		/	/
		/	/

12. Doctor of Podiatric Medicine Degree granted by (submit official transcript showing degree conferred):

Name of Podiatric Medical School	Address of School	Exact Date of Issuance
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13. Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners and Part III administered by the Federation of Podiatric Medical Boards. You must request score reports and have them sent directly to TDLR.

**REQUEST FOR NBPME SCORES (PARTS I & II)**

Requesting Scores by Mail at:

PROMETRIC/NBPME  
7941 CORPORATE DRIVE  
NOTTINGHAM, MD 21236  
(877) 302-8952

Scores may also be ordered online at:

[WWW.APMLE.COM](http://WWW.APMLE.COM)

**REQUEST FOR PART III (PMLEXIS) CERTIFIED SCORE REPORT**

Requesting Scores by Mail at:

Federation of Podiatric Medical Boards  
12116 Flag Harbor Drive  
Germantown, MD 20874-1979  
Phone: (202)-810-3762

Scores may also be ordered online at:

[www.fpmb.org](http://www.fpmb.org)

14. Submit a copy of your Residency Certificate of Completion for fellowship approved by the Council of Podiatric Medical Education or letter from the residency director with start and end dates of residency program.

15. All applicants must be licensed in good standing as a podiatric physician in another state, the District of Columbia, or a territory of the United States that has licensing requirements that are substantially equivalent to the requirements of the Podiatric Medical Practice Act.

List all states and countries in which you are currently or were previously licensed. Include license number, date issued and dates of practice for each. Each licensing agency in which you are licensed or have been licensed must complete the Certificate by Licensing Agency form and submit to TDLR. Please use additional sheets of paper if necessary.

State or Country	License Number	Date of Issuance	Dates of Practice	
			From: (mm/dd/yy)	To: (mm/dd/yy)

16. All applicants must have successfully completed a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.

**IF THE ANSWER TO ANY OF THE QUESTIONS BELOW (#'s 17-24) IS "YES," YOU MUST SUBMIT A FULL AND COMPLETE EXPLANATION AND CERTIFIED COPIES OF ALL APPLICABLE COURT RECORDS AND/OR OTHER LEGAL DOCUMENTS, INCLUDING ALL STATEMENTS OF DISPOSITION, RELIEF FROM DISABILITIES, CERTIFICATION OF CONDUCT OR OTHER DOCUMENTS.**

17. Have you been disciplined or charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority or by the U.S. Military, U.S. Public Health Service or other U.S. Federal government entity and are waiting final disposition by that body?

☐ Yes      ☐ No      If Yes, complete and submit the Disciplinary Action Questionnaire.

18. Have you ever been denied a license, had your license cancelled, suspended or revoked or permission to practice podiatric medicine or any other healing arts in any state, country, or U.S. federal jurisdiction?

☐ Yes      ☐ No      If Yes, complete and submit the Disciplinary Action Questionnaire.

19. Have you ever had staff privileges in a hospital or other health care facility denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action?

☐ Yes      ☐ No      If YES, please explain on a separate sheet of paper.

20. Has a claim or action for damages ever been filed against you in the course of practice of podiatric medicine or any other healing art which resulted in a malpractice settlement, judgment, or arbitration award of over \$70,000.00?

☐ Yes ☐ No If YES, please explain on a separate sheet of paper.

21. Are you now, or were you in the past, addicted to or treated for addiction to chemical or controlled substances, such as narcotics or alcohol or other substances?

☐ Yes ☐ No If YES, please explain on a separate sheet of paper.

22. Have you ever been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of controlled substances, or to drug addiction?

☐ Yes ☐ No If YES, complete and submit the Criminal History Questionnaire.

23. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony of any city, state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of \$500.00 or less).

☐ Yes ☐ No If YES, complete and submit the Criminal History Questionnaire.

*Once your completed application is received, instructions on how to schedule an appointment to be fingerprinted will be emailed to you. Be sure your email address is current and legible to receive the fingerprinting information.*

See instructions sheet for more information.

**YOU ARE REQUIRED TO LIST ANY CONVICTION INFORMATION PURSUANT TO SECTION 53.021 & 202.253 TEXAS  
OCCUPATIONS CODE OR UNDER ANY OTHER PROVISION OF LAW**

24. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please check the appropriate box(es) below:

☐ A condition which required admission to an inpatient psychiatric treatment facility.

☐ Alcohol or chemical substance dependency or addiction.

☐ Emotional, mental or behavioral disorder.

☐ A physical disorder

☐ Other (explain): \_\_\_\_\_

**APPLICANT'S AFFIDAVIT**

I, \_\_\_\_\_ hereby certify under oath, that I am at least twenty-one years of age, and; that I am the person named in this application for a license to practice Podiatric Medicine in the State of Texas, and; that all statements herein are made as a basis of consideration for the Texas Department of Licensing and Regulation, to accept and consider as facts which concern my moral character, professional history and physical qualifications for the rights and privileges of a license to practice Podiatric Medicine in the State of Texas, all of which are true and correct. I voluntarily pledge to refrain from dishonest or fraudulent methods in taking the examination and to refrain from unethical, immoral or unprofessional conduct in my practice. I shall not by any method, or deceptive means make use of misrepresentations, misleading or untruthful statements to the public or my patients, or in my advertising, on my professional cards, stationary, directories or any other medium. I hereby agree, that the violation of this pledge, or any of the provisions of the Podiatric Medical Practice Act of Texas (Section 202.253 and Section 202.501), the Penal Code of Texas (penalty of perjury) shall constitute sufficient cause for the denial, suspension, cancellation or revocation of the license granted to me, and I hereby authorize and grant the Texas Department of Licensing and Regulation the withdrawal of all rights and privileges accrued to me thereunder.

I authorize the release of any information or records held by any individual or agency, relative to my training and qualifications as a Doctor of Podiatric Medicine upon request by the Department for use in evaluating my file.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**When completed mail this application to:**  
TEXAS DEPARTMENT OF LICENSING AND REGULATION  
Mailing Address: P.O. Box 12057, Austin, Texas 78711-2057  
PHONE: (800) 803-9202 • (512) 463-6599 • FAX: (512) 475-2871



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## CERTIFICATE BY LICENSING AGENCY

### TO BE COMPLETED BY APPLICANT:

1. <b>Name:</b> (last) (first) (middle)			
2. <b>Address:</b> Number and street/rural route (include apt. no., if any)			
City	State	Zip Code	Country
3. <b>Date of birth:</b> mm/dd/yy		4. <b>State Licensing Agency</b>	

### TO BE COMPLETED BY STATE LICENSING AGENCY:

I certify that \_\_\_\_\_ who graduated from  
Name of Applicant  
\_\_\_\_\_ on \_\_\_\_\_ was granted license number \_\_\_\_\_  
Name of Podiatric Medical School Date of Graduation  
on \_\_\_\_\_ on the basis of \_\_\_\_\_  
Date of License Issued National Board Exam, Licensing Agency Exam, Other

**NOTE:** If the license was issued by written examination, complete the following certification; otherwise write across the following certification the words: ***Issued on Credentials***.

I further certify that this doctor passed the REGULAR WRITTEN EXAMINATION given by this Department on \_\_\_\_\_, and obtained a general average of \_\_\_\_\_ percent in the following subjects:  
Date

Subjects of Examination	Percent	Subjects of Examination	Percent

*I certify that this license is valid, current, has never been suspended or revoked, and will expire on \_\_\_\_\_; and that records in this office indicate that there are not now nor have there ever been any charges filed against the holder of this license. If licensee has been disciplined, please provide copies/explanation of Department action.*

**Note:** If any portion of the above certification is deleted or modified, please attach an explanation.

_____ Type or Print Name and Title of Agency Official		_____ Name of State Licensing Agency
_____ Signature of Agency Official	{Affix Seal}	_____ Address
_____ Date		_____ Phone Number



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## MEMORANDUM OF UNDERSTANDING FOR PROVISIONAL LICENSURE

I, \_\_\_\_\_, have accepted a position with:

Sponsor Name \_\_\_\_\_ License # \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I attest that I am licensed and in good standing as a podiatric physician in another state, the District of Columbia, or a territory of the United States that has licensing requirements that are substantially equivalent to the requirements of the Podiatric Medical Practice Act, subsequent amendments, and rules and must furnish proof of such licensure on Department forms provided. I have passed National Boards Part I, II & III and scores are being forwarded directly from the required entities. I have not been subject to denial for a license and my license to practice podiatric medicine has not been revoked or suspended in any jurisdiction.

I am aware that after completing and filing a licensure application, I will be issued a Provisional license by the Texas Department of Licensing and Regulation for practice only under the direct supervision of my sponsor \_\_\_\_\_. Should I leave employment at any time prior to the expiration date of the Provisional license, I will upon that date of departure surrender my Provisional license to the Texas Department of Licensing and Regulation.

***I certify under penalty of perjury under the laws of the State of Texas to the truth and accuracy of the above information.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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## SPONSOR FOR PROVISIONAL LICENSE

Sponsor Name \_\_\_\_\_ License # \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

Upon my initials and signature below I understand that as a sponsor, I must be currently licensed by the Department for at least five years and be in good standing under the Podiatric Medical Practice Act of Texas and Department Rule §371.5(j).

- 1) I certify that \_\_\_\_\_ (applicant for provisional licensure) will be working within the same office and under my direct supervision.
- 2) I am aware of the Act and Rules governing provisional licensure and that the sponsorship will cease upon the invalidity of the provisional license.
- 3) I understand that I will be held responsible for the unauthorized practice of podiatric medicine should such provisional license expire.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Print Full Name