



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

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



## RESIDENCY LICENSE APPLICATION INSTRUCTIONS

The following requirements **MUST** be submitted prior to issuance of a **RESIDENCY 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.

To be eligible for a temporary residency 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 [Council of Podiatric Medical Education's website](#).

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

1. Complete application form.
2. Applicants must have passed the following American Podiatric Medical Licensing Examinations (APMLE): Part I, Part II Written and Part II CSPE. You must request official score reports from the [Federation of Podiatric Medical Boards \(FPMB\) website](#) and have them sent **directly** to TDLR.
  - For the 2015, 2017-2020 Classes, there are two components to the Part II examination: The Part II Written and the Part II CSPE. Persons from other classes are neither required nor eligible to take the Part II CSPE.
3. Submit information regarding residency program.
  - **Memorandum of Understanding for Approved Residency Program. Complete form and return to TDLR.**
  - **Certificate of Acceptance for Postgraduate Training Program.** Completed and signed by the residency director of the postgraduate training program that has accepted the applicant for residency training.

4. **CRIMINAL HISTORY** – Select 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 \(PDF\)](#) for each offense.

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 \(PDF\)](#), a completed [Criminal History Questionnaire \(PDF\)](#) for each crime you were convicted of, or placed on deferred adjudication for, and a \$10.00 fee.

### **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.

5. Submit an official transcript verifying that your podiatric medical degree has been conferred or submit completed and signed Verification of DPM Degree form included with this application.
  - **Official transcript.** Submit official transcript from the podiatric medical school/college showing degree conferred to TDLR. Electronic university transcript(s) will be accepted if emailed to [cs.transcript@tdlr.texas.gov](mailto:cs.transcript@tdlr.texas.gov) from the university's secure site. We do not accept electronic transcripts from the applicant.
  - **Verification of DPM Degree.** The form must be completed by the podiatric school/college and returned directly to TDLR.

6. Proof of successfully completing a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.
7. TDLR will conduct a query from the National Practitioner Data Bank (NPDB) for each applicant. A separate report is not required to be submitted to the Department.
8. 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.
9. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(c)(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, visit the [TDLR website](#) or reach Customer Service via [webform](#). The webform will allow you to submit your request for assistance and include attachments needed. Customer Service Representatives are available Monday through Friday (excluding holidays) at (800) 803-9202 (in state only), (512) 463-6599, or Relay Texas-TDD: (800) 735-2989.

**TDLR Public Information Act Policy:**

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157  
[www.tdlr.texas.gov](http://www.tdlr.texas.gov)



## RESIDENCY LICENSE APPLICATION

YOU MUST MEET ALL REQUIREMENTS WITHIN 12 MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

**APPLICATION FEE: \$125 (FEES ARE NON-REFUNDABLE)**

**1. Full Legal Name:** (Name must be given in full, initials not acceptable)

Last

First

Middle

Suffix

**2. Other Names You Have Used:**

**3. Mailing Address:**

Street Number and Name or PO Box

Apt/Ste/Bldg

City

State

Zip Code

**4. Phone Number:**

(Area Code) Phone Number

**5. Email Address:**

(ex: [john.doe@gmail.com](mailto:john.doe@gmail.com)) See Instruction Sheet for Disclosure Information

**6. Social Security Number:**

See Instruction Sheet for Disclosure Information

**7. Date of Birth:**

Month/Day/Year

**8. Gender:**

Male

Female

**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

**13.** Applicants must have passed the following American Podiatric Medical Licensing Examinations (APMLE): Part I, Part II Written and Part II CSPE. You must request official score reports from the [Federation of Podiatric Medical Boards \(FPMB\) website](#) and have them sent **directly** to TDLR.

- For the Classes of 2015, 2017-2020, there are two components to the Part II examination: The Part II Written and the Part II CSPE. Persons from other classes are neither required nor eligible to take the Part II CSPE.

**14.** Applicants are required to be currently participating in a residency program or fellowship approved by the Council on Podiatric Medical Education.

Provide information below and submit a certificate of completion or letter from the residency director with start and end dates of residency program.

A.	Name of Residency or Sponsoring Institution (please list all surgical & non-surgical)	City, State	Type of Residency					Dates Attended (or Date to Complete)	
			PSR 12	PSR 24 or more	NON PSR	PM&S 24	PM&S 36	From	To
B.	Name of Fellowship or Sponsoring Institution	City, State	Type of Fellowship				Dates Attended		
							From	To	

**15. Have you been enrolled in another residency program in another state?**

Yes No

If YES, complete the information below.

State	Name of Residency Program	Dates of Enrollment	
		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. INCLUDE CERTIFIED COPIES OF ALL APPLICABLE COURT RECORDS AND/OR OTHER LEGAL DOCUMENTS, INCLUDING ALL STATEMENTS OF DISPOSITION, RELIEF FROM LIABILITIES, 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 awaiting final disposition by that body?**

Yes No

If Yes, complete and submit the [Disciplinary Action Questionnaire \(PDF\)](#).

**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 \(PDF\)](#).

**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





**TEXAS DEPARTMENT OF  
LICENSING & REGULATION**

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

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



**MEMORANDUM OF UNDERSTANDING FOR APPROVED RESIDENCY PROGRAM**

(Required for first year applicants only)

I, \_\_\_\_\_ have accepted a residency with \_\_\_\_\_ . I am fully aware that the residency program is an approved program with the Council of Podiatric Medical Education, thereby meeting the postgraduate training requirements for licensure in Texas.

I am further aware that after completing and filing a licensure application, I will be issued a Residency license by the Texas Department of Licensing and Regulation for practice only in the above-designated residency program. Should I leave the program at any time prior to the expiration date of the Residency license, I will upon that date of departure surrender my Residency license to the Texas Department of Licensing and Regulation. I am entering this program with the full knowledge that if I should not satisfactorily complete the program, no time spent in the postgraduate training program will be credited towards the Texas licensure requirement.

***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



## CERTIFICATE OF ACCEPTANCE FOR POSTGRADUATE TRAINING PROGRAM

**IMPORTANT NOTICE:** Completion of this form is required for licensure. This form must be completed and signed by the residency director of the postgraduate training program that has accepted the applicant for residency training.

**THIS FORM MUST BE SUBMITTED EACH YEAR BEFORE RESIDENCY LICENSE WILL BE ISSUED**

**1. Applicant Name:**

Last

First

Middle

Suffix (Jr., Sr., III)

**2. Applicant Date of Birth:**

Month/Day/Year

**3. Applicant Social Security Number:**

See Instruction Sheet for Disclosure Information

**4. Applicant Address:**

Street Number and Name or PO Box

Apt/Ste/Bldg

City

State

Zip Code

**5. Applicant Maiden or Given Surname:**

**6. Residency Program Name:**

**7. Beginning Date:**

Month/Day/Year

**8. Ending Date:**

Month/Day/Year

**9. Business Address:**

P.O. Box, Number, Street Name, City, State, Zip Code

**10. Business Telephone Number:**

(Area Code) Phone Number

**11. Home Telephone Number:**

(Area Code) Phone Number

**I do hereby declare that the above-named applicant has been accepted for postgraduate training as indicated above.**

Print Name of Residency Director

Signature of Residency Director

Title

Date