

DPM Resident Application Instructions

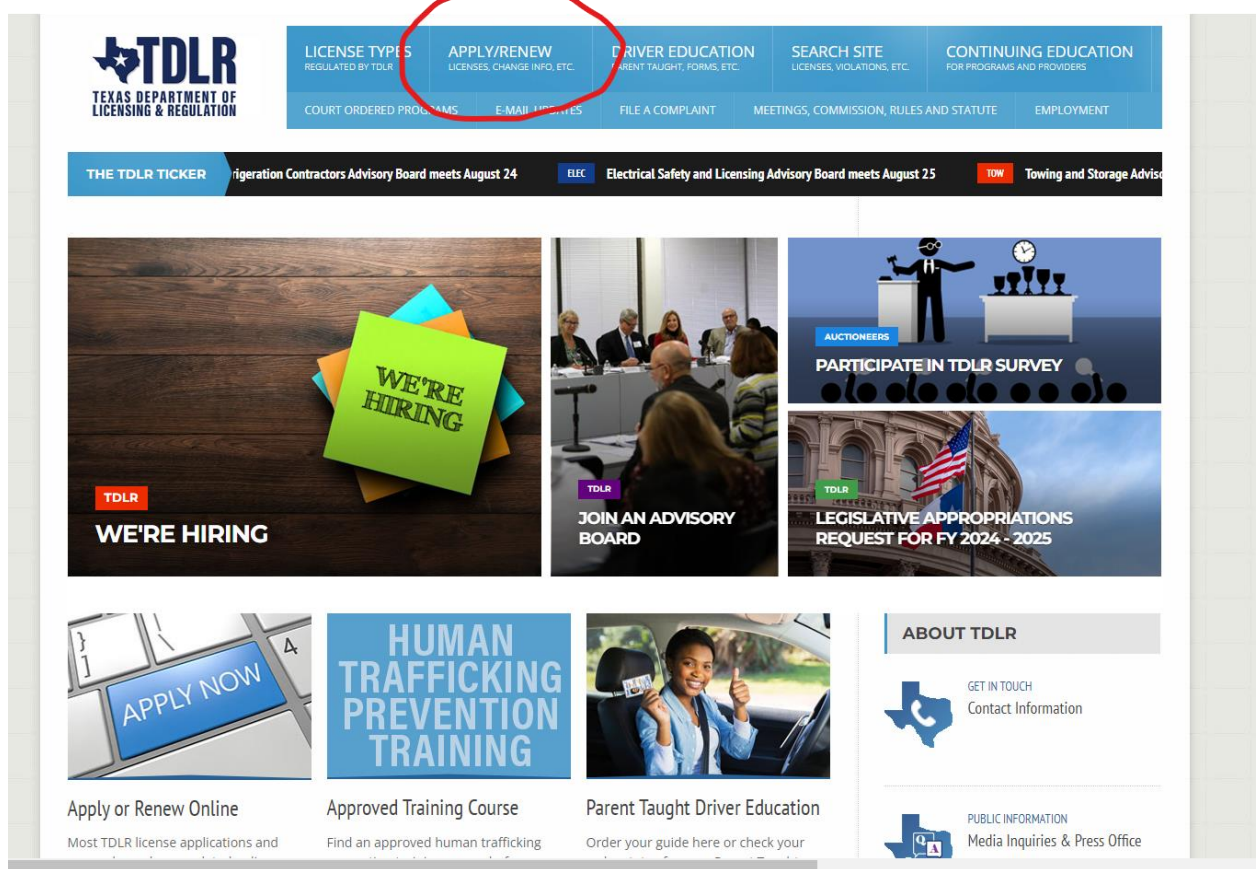
These instructions provide step-by-step instructions on creating an account and applying for an initial DPM Resident License. If you already have an online account- go to page 9.

- Renewing second- and third-year students can this SOP as a refresher.


Key Steps:

1. GO to our main website: www.tdlr.texas.gov
 2. Set up a new user account
 3. GO BACK and enter in with your new user ID and temporary password.
 4. You will be select your license board and “type under “Apply for a License”
 - Links your license to your online account.
 5. Click through the questions, upload documents, and pay online.
- Below is a Step-by-Step screen shot of the entire process.

- Go to our website- click on Apply/Renew




Step 1: Click on the Register as a new user link- Set up a New User Account

**Texas Department of Licensing and Regulation**


Online Licensing Services

[Contact Customer Service](#)




Renew Your License

Please [login](#) with your existing user ID and password, or [register as a new user](#).




Apply for a New License

Please [login](#) with your existing user ID and password, or [register as a new user](#).




Search the License Database

Begin your [license search](#) here to verify that a person or business has a current license.




Change Your Address

Please [login](#) with your existing user ID and password, or [register as a new user](#).



Pay Fees

Please [login](#) with your existing user ID and password, or [register as a new user](#).



Login or Register

Username:

Password:


[Register as a New User](#) [Forgot User ID?](#) [Forgot Password](#) [Sign In](#)

[Privacy and Security Policy](#) [Compact with Texans](#) [Texas Homeland Security](#)
[Accessibility](#) [Report Suspected Fraud, Waste, or Abuse](#) [Texas Transparency](#)



Step 2: Enter your information.

https://vopreprod2.licensing.tdlr.texas.gov/datamart/registration.do?from=loginPage



TEXAS DEPARTMENT OF LICENSING & REGULATION

Return to the Main Menu

New User Registration

All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information

* First Name:

Second Name:

* Last Name:

Account Login

* Email

 (e.g. name@domain.com)

* Confirm Email:

Use email address as user ID:

☐

* User ID:

Password Recovery

(In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:

* Secret Answer:

Third Party Payer

Accept payment requests from third parties?


[\(what's this?\)](#) ☐

Security Measures

(This helps to prevent automated registrations.)

* I'm not a robot:

☐ I'm not a robot


reCAPTCHA
[Privacy](#) • [Terms](#)

Next

Cancel

[Department of Licensing and Regulation](#)

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New User Registration

All items marked with a (*) are required. You will only complete this process once. After you register, you will login with this account. Enter your details and press "Next".

Press "Cancel" to cancel this registration and return to the main menu.

Account User Contact Information

* First Name:

Second Name:

* Last Name:

Account Login

* Email (e.g. name@domain.com)

* Confirm Email:

Use email address as user ID: ☒

* User ID:

Password Recovery (In case you forget your password, you will be required to answer this question to obtain a new temporary password.)

* Secret Question:

* Secret Answer:

Third Party Payer

Accept payment requests from third parties? [\(what's this?\)](#) ☒

Security Measures (This helps to prevent automated registrations.)

* I'm not a robot ☒

 I'm not a robot


reCAPTCHA
Privacy - Terms


[Next](#) [Cancel](#)

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Step 3: Confirm and edit your information, if needed, before hitting "Save"

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[Return to the Main Menu](#)

Preview Registration

Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.


First Name:	Steve
Second Name:	
Last Name:	Testerfour
Email:	versatest3@yahoo.com
UserId:	versatest3@yahoo.com
Secret Question:	Where were you born?
Secret Answer:	Jupiter
Third Party Payer:	Yes

Save **Edit** **Cancel**

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**TEXAS DEPARTMENT OF LICENSING & REGULATION**

[Return to the Main Menu](#)

Preview Registration

Press "Save" to save the registration.
Press "Edit" to modify your registration details.
Press "Cancel" to cancel this registration and return to the main menu.

First Name:	Steve
Second Name:	Uecker
Last Name:	Tester
Email:	chocolatethundear@yahoo.com
UserId:	chocolatethundear@yahoo.com
Secret Question:	What street did you grow up on?
Secret Answer:	Sesame
Third Party Payer:	Yes

Save **Edit** **Cancel**

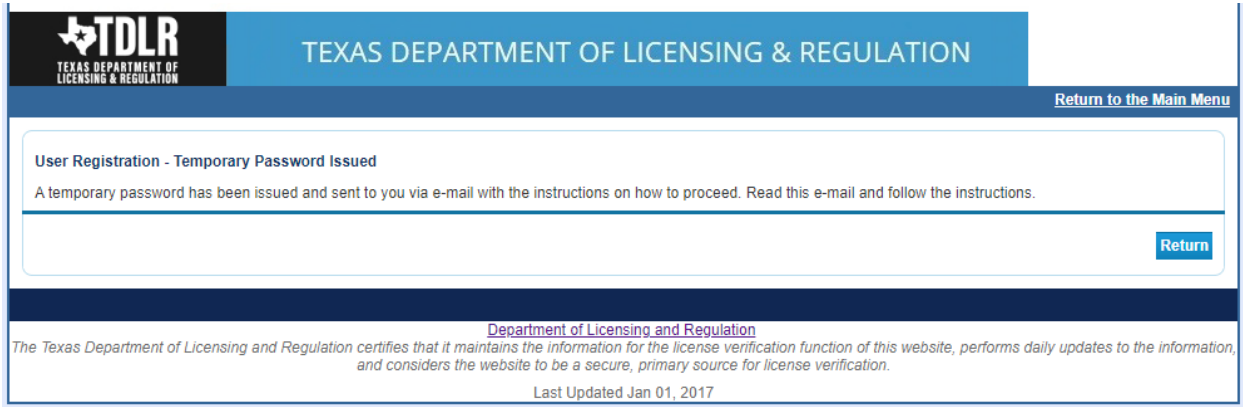
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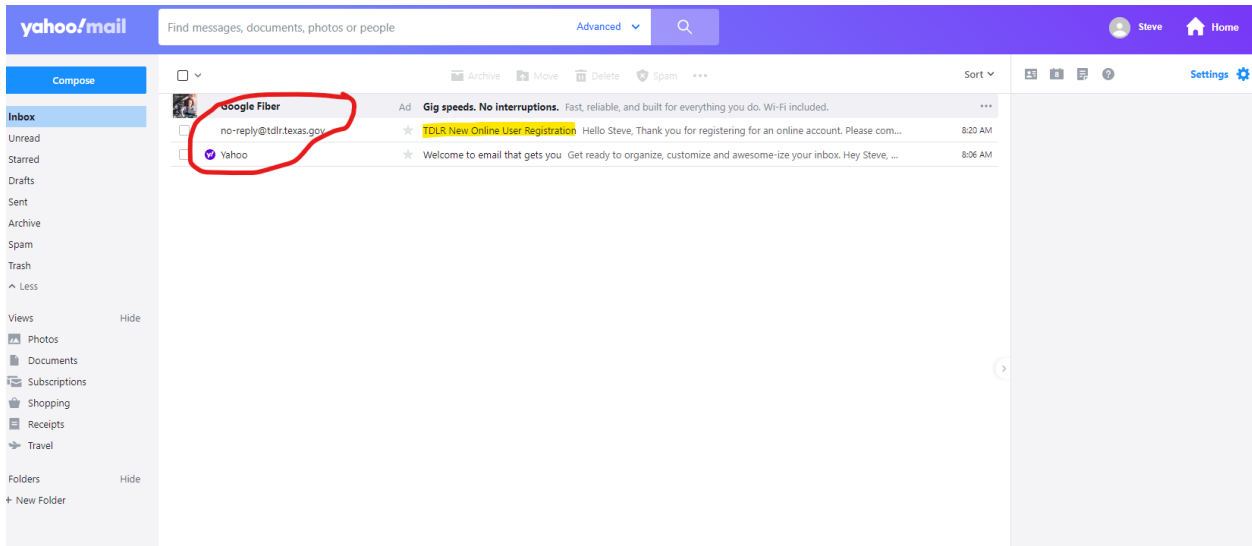


You will receive notification of your temporary password for the account. This can be found at the email address you supplied.



The screenshot shows the TDLR website header with the logo and the text "TEXAS DEPARTMENT OF LICENSING & REGULATION". A link "Return to the Main Menu" is in the top right. The main content area has a title "User Registration - Temporary Password Issued" and a message: "A temporary password has been issued and sent to you via e-mail with the instructions on how to proceed. Read this e-mail and follow the instructions." Below the message is a "Return" button. At the bottom, there is a disclaimer: "The Texas Department of Licensing and Regulation certifies that it maintains the information for the license verification function of this website, performs daily updates to the information, and considers the website to be a secure, primary source for license verification." and a date "Last Updated Jan 01, 2017".

The email will be from TDLR.

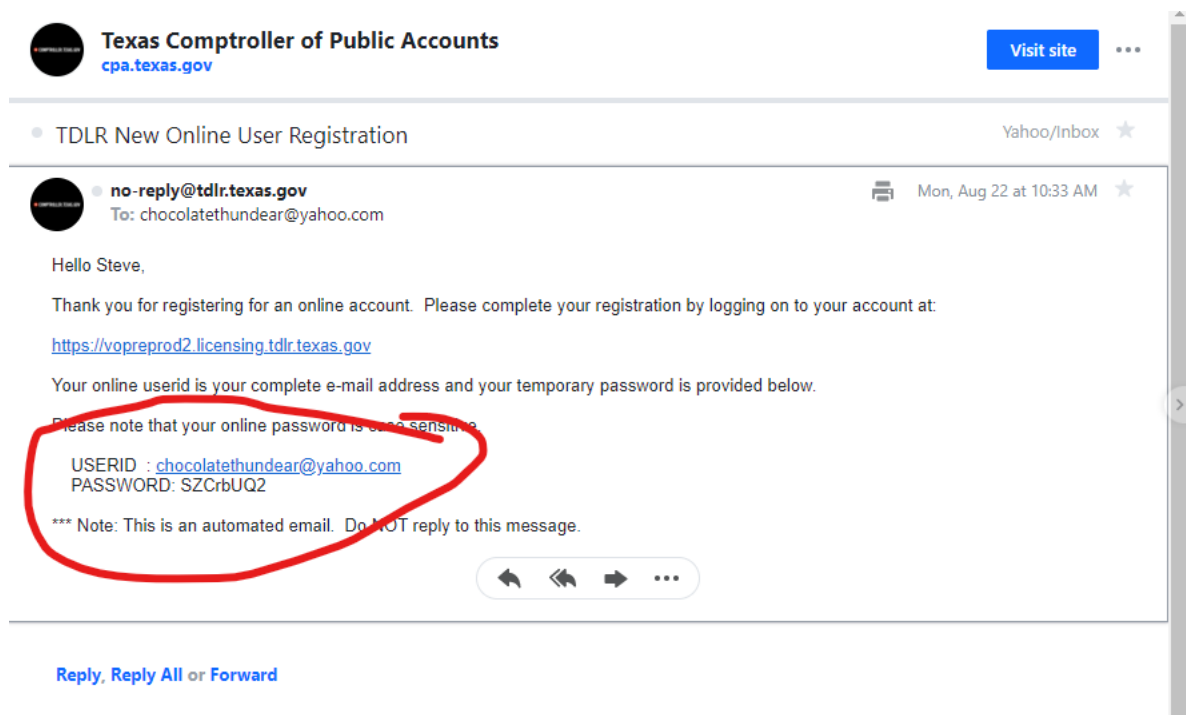


The screenshot shows a Yahoo! Mail inbox. The left sidebar lists folders: Compose, Inbox, Unread, Starred, Drafts, Sent, Archive, Spam, Trash, and Less. The main inbox area shows three emails. The first is an advertisement for Google Fiber. The second is from "no-reply@tdlr.texas.gov" with the subject "TDLR New Online User Registration" and the body "Hello Steve, Thank you for registering for an online account. Please com...". The third is from "Yahoo" with the subject "Welcome to email that gets you" and the body "Get ready to organize, customize and awesome-ize your inbox. Hey Steve, ...". A red circle highlights the "no-reply@tdlr.texas.gov" email.

You are issued a password- Now you have a user account. Open the email, if it is not there, check your spam folder.



Step 4: Copy the temporary password.









Step 5: Go to Login, enter new user account ID, paste the temporary password.



Online Licensing Services

[Contact Customer Service](#)

 Renew Your License Please login with your existing user ID and password, or register as a new user .	 Apply for a New License Please login with your existing user ID and password, or register as a new user .	 Search the License Database Begin your license search here to verify that a person or business has a current license.
 Change Your Address Please login with your existing user ID and password, or register as a new user .	 Pay Fees Please login with your existing user ID and password, or register as a new user .	 Login or Register Username: <input type="text"/> Password: <input type="password"/> Register as a New User Forgot User ID? Forgot Password <input type="button" value="Sign In"/>

Step 6: Paste the temporary password again and create your own password and confirm it.

**TEXAS DEPARTMENT OF LICENSING & REGULATION**

Logged in as **Tester, Steve Uecker** [Logoff](#)

Update Default Registration Information
Enter your new password and press "Save".
Your new password must contain the following:

- a minimum of (8) characters
- must not be the same as your user id
- must not be a variation of your user id
- must contain at least (1) numeric character
- must contain at least (1) special character

* Old or Temporary Password:

* New Password:

* Confirm Password:

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Congratulations! You have an online account.

Now, begin your application.

Step 1: After registration and creating an account, sign back in and begin your application:

- **Choose Program: Podiatric Medical Examiners Advisory Board**
- **Choose Application: Texas DPM Resident- Request Texas DPM Resident License**



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Logged in as **Uecker, Steve**
[Update Profile](#) | [Logoff](#)

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

■ Apply for a New License

What are you applying for?

<Choose Program> ▼

<Choose Application> ▼ [Select](#)

■ Additional Activities

[Add Licenses To Registration](#) [Select](#)

License Information


No License Information Available

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Quick Start Menu
To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration.

License Information
No License Information Available

☒ **Apply for a New License**
What are you applying for?

Podiatric Medical Examiners Advisory Board

2. Texas DPM Resident: Request Texas DPM Resident License

Select

☒ **Additional Activities**

Add Licenses To Registration

Select

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Documents to have ready to upload:

- First year residents** MOUs found under Temporary Resident Forms on [TDLR Podiatry forms page](#).
 - In addition to required transcripts and test scores asked for, you upload three documents:
 - [POD-LIC-006A; Memorandum of Understanding for Approved Residency Program](#)
 - [POD-LIC-006B; Certificate of Acceptance to Postgraduate Training Program MOU](#)
 - Proof of current CPR
- Second and third year:** Your renewal is a much shorter process, much fewer screens. We only need POD-LIC-006B; Certificate of Acceptance to Postgraduate Training Program MOU and current CPR.
 - We have all the other information.





Introduction

- Select Attributes
- Name and Personal Details
- Contact Information
- Undergraduate School(s)
- Podiatry School(s)
- DPM Degree
- Texas Residency Program
- Fellowship Program
- Other State Residency
- Application Questions
- Attachments
- Application Summary

2. Texas DPM Resident: Request Texas DPM Resident License - Introduction

Applicants must be accepted and enrolled in a Texas podiatric residency program.

Press "Next" to continue.

Press "Cancel" to cancel this application and return to the main menu.


PLEASE NOTE: To avoid delays in processing your application, you must submit **all** required documents while you are logged in during this session.

Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information.

[Next](#) [Cancel](#)



Step 2: Select your residency, and if you are or have a spouse that is in the military.



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2. Texas DPM Resident: Request Texas DPM Resident License - Select Attributes

Listed below are the license attributes you may add or delete.

Please choose license attribute(s) that apply to you now, then press "Next" to continue.

Press "Previous" to return to the previous section.

Press "Cancel" to cancel this application and return to the main menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Initial Application: Military Status: Check a box if a military attribute applies to you. Download and submit [form MIL001](#) with your initial license application. Upon verification, your initial fee may be waived.

Renewal Application: Military Status: Check a military attribute box only if your license expired while on active duty. Then download and submit [form MIL002](#) with your renewal application. Upon verification, your renewal fee may be waived.

Attribute Type:	Institution	Current License Attribute(s)	Request To Add
Attributes:	<input type="checkbox"/>	<input checked="" type="radio"/>	HCA Houston Healthcare Kingwood
	<input type="checkbox"/>	<input type="radio"/>	HCA Houston Healthcare West
	<input type="checkbox"/>	<input type="radio"/>	Hunt Regional Medical Center
	<input type="checkbox"/>	<input type="radio"/>	John Peter Smith Hospital
	<input type="checkbox"/>	<input type="radio"/>	Scott & White Medical Center - Temple
	<input type="checkbox"/>	<input type="radio"/>	St. Joseph Medical Center
	<input type="checkbox"/>	<input type="radio"/>	University of Texas HSC at San Antonio
	<input type="checkbox"/>	<input type="radio"/>	University of Texas Rio Grande Valley

Attribute Type:	Military Status	Current License Attribute(s)	Request To Add
Attributes:	<input type="checkbox"/>	<input type="checkbox"/>	Military Service Member
	<input type="checkbox"/>	<input type="checkbox"/>	Military Spouse
	<input type="checkbox"/>	<input type="checkbox"/>	Military Veteran

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Step 3: Enter your personal information:



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2. Texas DPM Resident: Request Texas DPM Resident License - Name and Personal Details

You must be at least 18 years old to obtain a license.
Enter your personal details and press "Next" to continue.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

Title:

* First Name:

Second Name:

* Last Name:

Suffix:

* Social Security Number: (No Dashes)

* Confirm Social Security Number: (No Dashes)


* Birthdate: (mm/dd/yyyy)

* Gender:

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2. Texas DPM Resident: Request Texas DPM Resident License - Contact Information

Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available, press "Return to Summary" to return to the summary.
If Delete Button is available, press "Delete" to delete the address.
If Copy Button is available, press "Copy" to copy a previously entered address.
Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.
Select an address type and press "Add" to add a new address.

☐ Main Address

Street Number:

* Street Name:

Address (cont'd):

* Zip Code: [Zip Lookup](#)

* City:

* State:

* Country:

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2. Texas DPM Resident: Request Texas DPM Resident License - Undergraduate School(s)

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Undergraduate School Add

Undergraduate School

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

* Institution Name:

University of Texas Rio Grande Valley

* Address:

100

* City:

Harlingen

* State:

Texas

* Zip Code:

78550


* Start Date (mm/yyyy):

01/1914

* End Date (mm/yyyy):

09/1918

Step 5: Enter your podiatry school:

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2. Texas DPM Resident: Request Texas DPM Resident License - Podiatry School(s)

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Podiatry School **Add**

Podiatry School

List the name, address and attendance information for all colleges/schools where professional podiatry instruction was received.

Institution Name:

UTRGV

Address:

100 Main

City:

Harlingen

State:

Texas

Zip Code:

78550


Start Date (mm/yyyy):

08/1919

End Date (mm/yyyy):

05/1922

Step 6: Enter the institution you obtained your DPM degree from.

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2. Texas DPM Resident: Request Texas DPM Resident License - DPM Degree

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

DPM Degree Information

Please identify the institution which granted your Doctor of Podiatric Medicine Degree. You must arrange for the DPM transcript to be sent directly to TDLR from the university.

Institution Name:

UTRGV

Address:

100 Main

City:

Harlingen

State:

Texas

Zip Code:

78550

Date Issued:

05/21/1922

(mm/dd/yyyy)

[Previous](#)

[Next](#)


[Cancel](#)

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Step 7: Tell us the type of residency (most are PM&S 36; a three year residency covering podiatric medicine and surgery)

Click **“Yes”** on the correct program length radial and **“No”** for the rest of the choices.

- 12,24,36 refer to length of program in months.
- PSR: Podiatric Surgical Residence
- PM&S: Podiatric Medicine and Surgery
- Highlighted text is referring to Form POD-LIC-006B-E found on the [program's forms page](#)



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2. Texas DPM Resident: Request Texas DPM Resident License - Texas Residency Program

Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Texas Residency Program or Sponsoring Institution **Add**

Texas Residency Program or Sponsoring Institution

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 the residency program.

* Residency Name:

Kingwood HCA

* City:

Houston

* State:


Texas

* PSR 12 Indicator:

☐ No ☒ Yes



Step 8: Ignore the Fellowship Program page- you are applying for a residency.

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Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Fellowship Program Information **Add**

Fellowship Program Information

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 the residency program.

* Fellowship Name:

* City:

* State:


* Fellowship Type:

* From Date:

(mm/dd/yyyy)

Step 9: If you were in another residency – Enter that info on the screen below: LEAVE BLANK IF THE ANSWER IS NO.





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Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Add Other State Residency

Other State Residency

If you have been enrolled in a residency program in another state, you must provide one record per program.

State:

Residency Program Name:

From Date:

To Date:


Remove

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Step 10: Answer the following questions either “yes” or “no”.



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Press "Previous" to return to previous page.

Press "Next" to go to next page.

Press "Cancel" to Cancel application and go back to Quick Start Menu.

If Return to Summary Button is available. Press "Return to Summary" to return to the summary.

If Save Button is available. Press "Save" to save the information and return to the summary.

Application Questions

Please respond to the following questions.

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 or other U.S. Federal government entity and are awaiting final disposition by that body?

No

Yes

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

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

No

Yes

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

- 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? ☒ No ☐ Yes

If Yes, please explain on a separate document, and submit the document using the Attachments screen.

- 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, judgement, or arbitration award of over \$70,000.00? ☒ No ☐ Yes

If Yes, please explain on a separate document, and submit the document using the Attachments screen.

- 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? ☒ No ☐ Yes

If Yes, please explain in a separate document and include that document on the Attachments screen.

- 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? ☒ No ☐ Yes

If Yes, complete and submit the [Criminal History Questionnaire \(PDF\)](#) using the Attachments screen.

- 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)? ☒ No ☐ Yes

If Yes, complete and submit the [Criminal History Questionnaire \(PDF\)](#) using the Attachments screen.

- Do you have any condition which in any ways impairs your ability to practice podiatric medicine with reasonable skill and safety? ☒ No ☐ Yes

[Previous](#) [Next](#) [Cancel](#)


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Step 11: Upload your documents, forms 006A, 006B and have transcripts sent to cstranscripts@tdlr.texas.gov



TEXAS DEPARTMENT OF LICENSING & REGULATION

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Introduction

Select Attributes

Name and Personal Details

Contact Information

Undergraduate School(s)

Podiatry School(s)

DPM Degree

Texas Residency Program

Fellowship Program

Other State Residency

Application Questions

Attachments

Application Summary

2. Texas DPM Resident: Request Texas DPM Resident License - Attachments

The following documents must be submitted by you with this application:

- Provide proof of current CPR certification (copy of card or certificate).
- Form [FOD-LIC-006A-E](#) Memorandum of Understanding for Approved Residency Program.
- Form [FOD-LIC-006B-E](#) Certificate of Acceptance for Post Graduate Training Program.

The following documents must be submitted directly to TDLR (i.e. the documents may not be submitted by you for this application):

- Official score reports from the [Federation of Podiatric Medical Boards \(FPMB\)](#). The following examinations are required:
 - National Boards - Part I
 - National Boards - Part II Written
 - National Boards - Part II CSPE
 - Beginning with the Class of 2015 (excluding the Class of 2016 and 2021-2022) there are two components to the Part II examination: The Part II Written and Part II CSPE. Persons from earlier classes are neither required nor eligible to take the Part II CSPE.
 - National Boards - Part III (formerly known as PM Lexis) Applicants who were licensed in another state prior to January 1992 may request an exemption from the Part III requirement.
- License verification from all states in which a podiatric medical license has been held (current, temporary, cancelled, etc.)
- Doctor of Podiatric Medicine Degree (have conferred DPM transcript sent directly to TDLR from university).

You may need to also include:

- A [Disciplinary Action Questionnaire \(PDF\)](#) with an explanation and certified copies of all applicable court records and/or other legal documents, including all statements of dispositions, relief from disabilities, certification of conduct or other documents.
- A [Criminal History Questionnaire \(PDF\)](#) is required for each offense.
- A document which explains a "Yes" response to an Initial Application Question where a separate document is required.

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 that your email address is current to receive the fingerprinting information. To be eligible for licensing, you must successfully pass a criminal history background check.

Locate a file with the "Choose File" button and press "Attach" or "Remove" as is required.

Press "Next" when there are no more files to attach.

Press "Previous" to return to the previous screen.

Press "Cancel" to cancel this application and return to the main menu.

File Name:

Choose File No file chosen

Notes:

To upload a document, use the "Choose File" button to locate the document on your computer. Once you find the document(s) you want to add, press "Attach" for each one.

For applications requiring an official transcript from your university or college, please use cs.transcript@tdlr.texas.gov when ordering from your university's transcript ordering service provider.

Press "Next" when you have no more documents to attach.

Attach

Previous

Next

Cancel


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A Summary Page will appear- showing everything you have entered- this is your chance to edit it.



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Introduction

Select Attributes

Name and Personal Details

Contact Information

Undergraduate School(s)

Podiatry School(s)

DPM Degree

Texas Residency Program

Fellowship Program

Other State Residency

Application Questions

Attachments

Application Summary

2. Texas DPM Resident: Request Texas DPM Resident License - Application Summary

Review the data and press "Submit" to submit this application.
Press "Previous" to return to the previous section.
Press "Cancel" to cancel this application and return to the main menu.

Application

License Type: Texas Temporary DPM Resident Year One
Application Date: 06/14/2023

Personal Details

Full Name: Steve Uecker
Social Security Number: *****
Birthdate: 01/01/1901 Gender: Male

General Addresses

Main Address: 920 Colorado St
AUSTIN, Texas
78701-2332
US
Phone Number: 512-999-9999

License Attributes Selected

Institution: HCA Houston Healthcare Kingwood

Undergraduate School

Institution Name: University of Texas Rio Grande Valley
Address: 100
City: Harlingen
State: Texas
Zip Code: 78550
Start Date (mm/yyyy): 01/1914
End Date (mm/yyyy): 09/1918

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Podiatry School[Edit](#)

Institution Name: UTRGV
Address: 100 Main
City: Harlingen
State: Texas
Zip Code: 78550
Start Date (mm/yyyy): 08/1919
End Date (mm/yyyy): 05/1922

DPM Degree Information[Edit](#)

Institution Name: UTRGV
Address: 100 Main
City: Harlingen
State: Texas
Zip Code: 78550
Date Issued: (mm/dd/yyyy) 05/21/1922

Texas Residency Program or Sponsoring Institution[Edit](#)

Residency Name: Kingwood HCA
City: Houston
State: Texas
PSR 12 Indicator: Yes
PSR 24 Indicator: Yes
PSR 24 Indicator: Yes
Non-PSR Indicator: Yes
PM&S 24 Indicator: Yes
PM&S 36 Indicator: Yes
From Date: (mm/dd/yyyy) 05/21/1924
To Date: (mm/dd/yyyy) 08/25/1927

Application Questions[Edit](#)

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 or other U.S. Federal government entity and are awaiting final disposition by that body? No

Have you ever been denied a license, voluntarily surrendered your license, had your license cancelled, suspended or revoked or permission to practice podiatric medicine or any other healing arts denied in any state, country, or U.S. federal jurisdiction? No

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? No

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, judgement, or arbitration award of over \$70,000.00? No

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?	No
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?	No
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)?	No
Do you have any condition which in any ways impairs your ability to practice podiatric medicine with reasonable skill and safety?	No

[Previous](#)
[Submit](#)
[Cancel](#)

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Step 12: Attest that all you are sending is true and correct.



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- Introduction
- Select Attributes
- Name and Personal Details
- Contact Information
- Undergraduate School(s)
- Podiatry School(s)
- DPM Degree
- Texas Residency Program
- Fellowship Program
- Other State Residency
- Application Questions
- Attachments
- Application Summary**

2. Texas DPM Resident: Request Texas DPM Resident License - Attestation

Press "Previous" to return to the previous section.

Press "Submit" to continue.

Press "Cancel" to cancel this application and return to the main menu.

All documents must be attached during this session to avoid delays. Press "**Previous**" to add documents.


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, stationery, 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.

☒ Yes
☐ No

[Previous](#)
[Submit](#)
[Cancel](#)



Step 13: Payment. Enter and review payment info on each screen.



TEXAS DEPARTMENT OF LICENSING & REGULATION

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Fee and Summary Report

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Fees	
Texas DPM Resident Application Fee:	\$115.45
Texas DPM Resident Pharmacy Fee:	\$9.55
Total Amount Due:	\$125.00

[Pay Now](#)

[View PDF Summary Report](#)





TEXAS DEPARTMENT OF LICENSING & REGULATION

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Online Application Payment

Select the applications you wish to pay for and press "Next" to continue

Press "Main Menu" to return to the main menu

Application Number	Description	License Number	License Type	Applicant Name	Fee
63	2. Texas DPM Resident: Request Texas DPM Resident License		Texas Temporary DPM Resident	UECKER, STEVE	\$125.00 <input checked="" type="checkbox"/>

Payment Method

☒ Credit Card
☐ Electronic Check

[Next](#)

[Show Fee Details](#)

[Main Menu](#)

[Department of Licensing and Regulation](#)

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TEXAS DEPARTMENT OF LICENSING & REGULATION

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Confirm Payment Details

If more than one payment method is listed, first select payment method and then press "Next" to pay for these applications.
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
63	2. Texas DPM Resident: Request Texas DPM Resident License		Texas Temporary DPM Resident	UECKER, STEVE	\$125.00
Total					\$125.00

Payment Method: **Credit Card**

[Next](#) [Cancel](#)

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TEXAS DEPARTMENT OF LICENSING & REGULATION

Complete all required fields [*]

Country *

United States ✓

First Name *

Steve ✓

Last Name *

Uecker ✓

Address *

920 ✓

Address 2

Colorado St ✓

City *

AUSTIN ✓

State *

TX - Texas ✓

ZIP/Postal Code *

78704-0000 ✓


Transaction Summary

TX Dept of Licensing Professional	\$125.00
Texas.gov Price	\$125.00

Need Help?

Please complete the Customer Information Section





TEXAS DEPARTMENT OF LICENSING & REGULATION





United States
steve.uecker@tdlr.texas.gov

Payment Information

Credit Card Number *

Credit Card Number is missing.

Credit Card Type

Expiration Month *

01 - January

Expiration Year *

2025

Security Code *

123

Name on Credit Card *


Steve Uecker-Test

Transaction Summary

TX Dept of Licensing Professional	\$125.00
Texas.gov Price	\$125.00

Need Help?

You are paying by credit/debit card. Complete Customer Billing Information and enter Card Information. ***** Please ensure Payment Address ZIP code matches your card billing address ZIP code, or your payment will be declined. *****



TEXAS DEPARTMENT OF LICENSING & REGULATION

Customer Information

Address

Steve Uecker
920
Colorado St
AUSTIN, TX 78701-2332

Phone Number

15126638019

Country

United States

Email Address

steve.uecker@tdlr.texas.gov

Payment Information

Credit Card

Visa ****1111
Exp. 01/2025

Name on Credit Card

Steve Uecker-Test

Transaction Summary

TX Dept of Licensing Professional	\$125.00
Texas.gov Price	\$125.00

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.





TEXAS DEPARTMENT OF LICENSING & REGULATION

Logged in as Uecker, Steve

Update Profile | Logoff

Online Application Payment Success

Press "Next" to return to the Main Menu.

Press "View PDF Summary" and print this page for your records using the print function of your browser.

Thank you. Your online payment was processed successfully. Please print this page or record the authorization and trace numbers for future reference.

Amount Paid:

\$125.00

Authorization Number:

OK7519

Trace Number:

452RG947817PPD

Application Number	Description	Applicant Name	Fee
2004-63	2. Texas DPM Resident: Request Texas DPM Resident License	Uecker, Steve	\$125.00

Next

View PDF Online Payment Summary Report



After paying, you will immediately receive an email confirmation.

Texas.gov TX Dept of Licensing Professional Receipt




noreply@tdlr.texas.gov

To

Retention Policy TDLR - 1 Year Delete (1 year)

Expires 6/13/2024


 Reply
  Reply All
 

Wed 6/13


 If there are problems with how this message is displayed, click here to view it in a web browser.

Payment Receipt Confirmation

Your payment was successfully processed. You may print this receipt page for your records by selecting Print. To complete the transaction, you MUST click Continue to return to the DLR web site.

Transaction Summary

Description	Amount
TX Dept of Licensing Professional	\$125.00
Texas.gov Price	\$125.00

Customer Information

Customer Name	Steve Uecker
Local Reference ID	452RG947817PPD
Receipt Date	6/14/2023
Receipt Time	11:40:28 AM CDT

That's it. Congratulations!

Questions? Email the Licensing Department at:

[Texas Department of Licensing and Regulation - Forms -General Inquiry](#) Select Podiatry.



