

## How to Add a Doctor of Podiatric Medicine to your Registration:

If you are registering for the first time or have a change in the DPMs that you work with, you need to update your registration with that information. The following procedure tells you how. It will connect the Doctors of Podiatric Medicine (DPMs) with your License.

You can modify it at any time, for example, if a DPM leaves a practice, or you change employers.

### Step 1: Sign in and go to “Manage your License information.”

You can then choose Update Office Locations and Related DPMs.

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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.

**It is time to Renew!**  
Podiatric Medical Radiological Tech [Redacted] **Renew Podiatric Medical Rad Tech** [Select](#)

**Manage your license information**  
Podiatric Medical Radiological Tech [Redacted] **Update Office Locations and Related DPMs** [Select](#)

**License Information** [Show Details](#)  
Name: [Redacted]  
License Number: [Redacted]  
License Type: Podiatric Medical Radiological Tech

**License Information** [Show Details](#)  
Name: [Redacted]  
License Number: [Redacted]  
License Type: Podiatric Medical Radiological Tech

### Step 2: Introduction page to “Updating Office Locations and Related DPMs.”

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**Introduction**  
Name and Personal Details  
[Contact Information](#)  
Related Licenses Listing  
Application Summary

**Update Office Locations and Related DPMs - Introduction**  
Use this option to report change of DPM staff or the office(s) that you work in.  
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 3: Check your information.



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Introduction

Name and Personal Details

Contact Information

Related Licenses Listing

Application Summary

Update Office Locations and Related DPMs - 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:

Birthdate:

Gender:

\*\*\*\*\*

(mm/dd/yyyy)


Unknown

Previous

Next

Cancel

### Step 4: You can add as many Office Locations as you need



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Podiatric Medical Radiological Technologist

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Introduction

Name and Personal Details

Contact Information

Related Licenses Listing

Application Summary

Update Office Locations and Related DPMs - 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.

Office Location

Street Number:

Street Name:

Address (cont'd):

Zip Code:

City:

State:

Country:

Phone Number:

Extension:

Primary DPM:

Secondary DPM:

Business Name:

1101

South Congress

78701

Austin

Texas

United States

512-663-8019

Dr. X

Dr. Y

1,2,-3 ? Feet

Zip Lookup

Add Another Contact

Contact Type:

Add

You may update or add Office Locations to ensure that all work locations are identified where you provide Podiatric Radiological services.

Previous

Next

Cancel



**Step 5: Click “Add” if you need to add a DPM. If you are updating the system, the DPMs you are currently associated with or “related to” would be listed. If you need to “Delete” a DPM, that option would appear, too.**

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**Related Licenses Listing**

Update Office Locations and Related DPMs - Related Licenses Listing

Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.

Press "Add" to add a related license. If "Add" button is not enabled (gray), adding a related license is not possible for this license type.

Press "Delete" to delete a related license. If "Delete" button is not available, deleting a related license is not possible for this license type.

Press "Previous" to return to the previous section.

Press "Next" when finished viewing/adding/changing the related licenses.

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

**Related Licenses**

[VO PreProd2 License Search](#)

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

**Step 6: You can either enter their License number or use the “License Search” option.**

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**Related Licenses Listing**

Update Office Locations and Related DPMs - Related Party - Add

Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.

Select a Type of Relationship and enter the related license information. Press "Save" to save your entry.

Press "Cancel" to return to the previous screen without saving your entry.

Type of Relationship:

**Other Party Role: Doctor of Podiatric Medicine**

License Type:

License Number:

[VO PreProd2 License Search](#)

[Save](#) [Cancel](#)



**Step 7: You have now added this DPM. You can just as easily delete the relationship in the license system with that podiatrist by hitting the "Delete Relation" link.**

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**Introduction**  
**Name and Personal Details**  
**Contact Information**  
**Related Licenses Listing**  
**Application Summary**

**Update Office Locations and Related DPMs - Related Licenses Listing**  
Identify all Doctors of Podiatric Medicine for whom you provide radiological services using this screen. You must identify each DPM by license number.  
Press "Add" to add a related license. If "Add" button is not enabled (gray), adding a related license is not possible for this license type.  
Press "Delete" to delete a related license. If "Delete" button is not available, deleting a related license is not possible for this license type.  
Press "Previous" to return to the previous section.  
Press "Next" when finished viewing/adding/changing the related licenses.  
Press "Cancel" to cancel this application and return to the main menu.

**Related Licenses**

Relation Name:	DPM - Rad Tech Association (Required: Y )
Your Role:	Radiological Technician
Other Party Role:	Doctor of Podiatric Medicine
	[redacted] Doctor of Podiatric Medicine - 644 Current - 2022-11-01

[VO PreProd2 License Search](#)

[Delete Relation](#)

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

**Step 8: You will now see a summary of your choices. You can edit them if needed.**

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Podiatric Medical Radiological Tech [redacted] Logged in as Tester, Steve  
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**Introduction**  
**Name and Personal Details**  
**Contact Information**  
**Related Licenses Listing**  
**Application Summary**

**Update Office Locations and Related DPMs - 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: Podiatric Medical Radiological Tech  
Application Date: 09/22/2022

**Personal Details**  
Full Name: [redacted]  
Social Security Number: [redacted]  
Birthdate: 05/17/1996 Gender: Unknown


**General Addresses**  
Office Location: 1101 S Congress Ave  
AUSTIN, Texas  
78704-1727  
US  
Phone Number: 512-663-8019  
Primary DPM: Dr. X  
Secondary DPM: Dr. Y  
Name: 1,2,-3 ? Feet

**Related Licenses**  
Relation Name: DPM - Rad Tech Association (Required:Y)  
Your Role: Radiological Technician  
Other Party Role: Doctor of Podiatric Medicine  
Other Party Name: [redacted]  
Lic Type: Medicine  
Lic Status: Current  
Lic Number: 644  
Lic Expiry: 11/01/2022

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



## Step 9: You attest that everything is correct.



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Podiatric Medical Radiological Tech 021-22

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[Update Profile](#) | [Logoff](#)

Introduction

Name and Personal Details

Contact Information

Related Licenses Listing

Application Summary

Update Office Locations and Related DPMs - 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.

By submitting this application, I certify that all information submitted is true and accurate.

☒ Yes  
☐ No

Previous

Submit

Cancel

## Step 10: There is no fee to pay.

You can click the PDF and get a report of your transaction for your records.



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Podiatric Medical Radiological Tech [REDACTED]

Logged in as **Tester, Steve**

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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.  
Press "Return" to return to the main menu.

Return

View PDF Summary Report

 Get  
ADOBE® READER®



## Step 11: PDF Summary.



TEXAS DEPARTMENT OF  
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Application summary notes

### Licensing and Regulation Application Summary

9/22/22, 1:42 PM

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#### Application Detail

License Type: **Podiatric Medical Radiological Tech**  
Application: **Update Office Locations and Related DPMs**  
Application Date: **09/22/2022 (mm/dd/yyyy)**

#### Personal Detail

First Name: [REDACTED]  
Middle Name: [REDACTED]  
Last Name: [REDACTED]  
Date of Birth: **\*\*/\*\*/\*\*\*\* (mm/dd/yyyy)**  
Gender: **Unknown**  
Social Security Number: **\*\*\*\*\***

#### Addresses

##### Office Location

Name: **1,2,-3 ? Feet**  
Address: **1101 S Congress Ave**  
**AUSTIN, TX**  
**78704-1727**  
**United States**  
Phone Number: **512-663-8019**  
Primary DPM **Dr. X**  
Secondary DPM **Dr. Y**

#### Related Licenses

Relation Name: **DPM - Rad Tech Association**  
Required: **Y**  
Your Role: **Radiological Technician**  
Other Party Role: **Doctor of Podiatric Medicine**  
[REDACTED]  
**Doctor of Podiatric Medicine - 1599**  
**Current - 2022-11-01**  
Relation Name: **DPM - Rad Tech Association**

(Image continued on next page)



Required: Y  
Your Role: Radiological Technician  
Other Party Role: Doctor of Podiatric Medicine  
[REDACTED]  
Doctor of Podiatric Medicine - 644  
Current - 2022-11-01

**Attestation**

By submitting this application, I certify that all information submitted is true and accurate.

**Step 12: That's it! You have updated the DPMs connected to your registration.**

