



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

RE: **PODIATRY**

Dear Doctor:

The enclosed **REQUEST FOR APPLICATION FORMS AND PRELIMINARY EDUCATION FORM** must be completed in order for an application to be forwarded to you.

IF YOU HAVE PREVIOUSLY HELD AN OHIO LICENSE DO NOT COMPLETE THESE FORMS. CONTACT THE RECORDS DEPARTMENT AT (614) 728-3113.

Upon completion of these forms return them to the Board in order that we may determine the appropriate application and materials to forward to you. Any Request for Application Form or Preliminary Education Form that is not completed properly will be returned. **Do not submit any documents or curriculum vitae with these forms.**

Also enclosed is information regarding examination and licensure eligibility. Please read these materials carefully.

An application will be returned to you within a week of receipt of this Request for Application Forms. The application processing time for endorsement licensure is ordinarily 10 to 12 weeks after receipt of an application and appropriate fees by the Board.

DO NOT SUBMIT ANY FEES WITH THIS FORM.

Attachments:

ELIGIBILITY FOR OHIO PODIATRY LICENSURE

BY EXAMINATION

Ohio's examination for licensure to practice podiatry consists of the National Board of Podiatric Medical Examiners Parts I, II and III (PMLexis). To be eligible to take Part III of the National Board of Podiatric Examiners exam you must:

- Hold a diploma from a college of podiatry in good standing as defined by the Board.
- Passed Parts I and II of the National Boards prior to taking Part III.
- Complete one year of postgraduate training in a podiatric internship, residency or clinical fellowship program accredited by the council on podiatric medical education or the American Podiatric Medical Association.

An applicant who passed the examination and meets all other requirements will be required to apply for a certificate to practice (license) and submit a certificate issuance fee.

BY ENDORSEMENT

OHIO LAW DOES NOT PROVIDE FOR RECIPROCITY. ENDORSEMENT LICENSURE IS ENTIRELY AT THE DISCRETION OF THE STATE MEDICAL BOARD AND LICENSURE IN OTHER STATES DOES NOT IN ANY WAY ASSURE OR GUARANTEE LICENSURE IN OHIO.

The Board has discretionary authority to endorse licenses issued by another state, territory, or the District of Columbia without further examination provided other eligibility requirements are met. In order to be endorsable the license must be based upon an acceptable written examination; must be current and in good standing; and must be full and unlimited.

Endorsement of a podiatry license from another state to Ohio depends upon when the examination underlying that license was taken.

- If examination was administered on or after June 12, 1990, the license must be based upon passing all subjects of the National Board of Podiatric Medical Examiners as well as the PMLexis. Licenses based upon state board examinations or other examinations administered after June 12, 1990, cannot be endorsed.
- If examination was administered before June 12, 1990, the license must be based upon a written state examination and you must not have failed the National Boards or the PMLexis without having subsequently passed them.

Undergraduate Requirement

The minimum requirement for licensure is two years of undergraduate work in a college of arts and sciences approved by the Board, in addition to a high school diploma, or the equivalent of such education as determined by the Board.

Graduate Medical Education

Applicants for licensure must have completed one year of graduate medical education (GME) in a podiatric internship, residency or clinical fellowship program accredited by the Council on Podiatric Medical Education or the American Podiatric Medical Association.

Two Years of Professional Inactivity

The State Medical Board may require additional training or passing of an examination, or both, of any applicant who for more than two years has not been engaged in active practice of podiatry, been in an approved postgraduate training program, or been a student in good standing at an approved podiatry school.



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PODIATRY REQUEST FOR APPLICATION FORMS

PLEASE TYPE OR PRINT CLEARLY

I hereby submit the following information in order to receive an application:

Full Name (Use no initials)	Last (Surname)	First	Middle	Suffix (Jr., II)

Current Home Address	Number & Street	Apt.		
	City	State	Zip Code	Country

Telephone Number	Business:	Area Code & Number ()	Home:	Area Code & Number ()

Birth Date	month/day/year / /	Birth Place	City	State	Country
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Podiatry Education

Podiatry School of Graduation	School Name
	City

Date Degree Received	month/day/year / /	Degree Received	
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Other Podiatry Schools Attended (if none, Enter "NONE")	School Name
	City

Dates Attended	From:	month/year /	To:	month/year /
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Reason degree not received at this school

Written Examinations Taken

Indicate which licensing examination(s) you have passed and the date.

- | | |
|--|--|
| <input type="checkbox"/> National Boards (Part 1) | Date: _____ / _____
<small style="margin-left: 100px;">Month/Year</small> |
| <input type="checkbox"/> National Boards (Part 2) | Date: _____ / _____ |
| <input type="checkbox"/> PMLexis State Taken in: _____ | Date: _____ / _____ |
| <input type="checkbox"/> State Board exam State Taken in: _____ | Date: _____ / _____ |
| <input type="checkbox"/> Other, explain: _____ | Date: _____ / _____ |

Licenses in the United States

List ALL states in which you are or have been licensed to practice podiatry. Indicate the license number, date of issuance, whether or not the license is current and the basis of licensure (e.g., state board exam, endorsement of another state license, diplomate or passing status, PMLexis). If additional space is needed, attach and extra sheet. (If none, enter "NONE").

STATE	ISSUE DATE <small>month/year</small> /	LICENSE #	BASIS OF LICENSE	LICENSE CURRENT
	/			<input type="checkbox"/> YES <input type="checkbox"/> NO
	/			<input type="checkbox"/> YES <input type="checkbox"/> NO
	/			<input type="checkbox"/> YES <input type="checkbox"/> NO

Graduate Medical Education

List ALL graduate medical education (internship, residency, clinical fellowship), undertaken in the United States or Canada. If additional space is needed, attach an extra sheet.

From <div style="border: 1px solid black; padding: 2px; text-align: center;">Mo/Yr /</div> To <div style="border: 1px solid black; padding: 2px; text-align: center;">Mo/Yr /</div>	Hospital, University or Other: Complete Street Address: Number & Street City _____ State _____	Specialty	Position (check one only) <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellowship
From <div style="border: 1px solid black; padding: 2px; text-align: center;">Mo/Yr /</div> To <div style="border: 1px solid black; padding: 2px; text-align: center;">Mo/Yr /</div>	Hospital, University or Other: Complete Street Address: Number & Street City _____ State _____	Specialty	Position (check one only) <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellowship

**PODIATRY
PRELIMINARY EDUCATION FORM**

<i>TO BE COMPLETED BY <u>ALL</u> APPLICANTS</i>				
Name	Last (Surname)	First	Middle	Suffix (Jr., II)
High School or Equivalent	School Name			
	City	State	Country	
Dates Attended	From:	MO/YR /	To:	MO/YR /
Undergraduate College or Equivalent	School Name			
	City	State	Country	
Dates Attended	From:	MO/YR /	To:	MO/YR /
			Degree Received	
	School Name			
	City	State	Country	
Dates Attended	From:	MO/YR /	To:	MO/YR /
			Degree Received	
Podiatry School of Graduation	School Name			
	City	State	Country	
Dates Attended	From:	MO/YR /	To:	MO/YR /
			Degree Received	

FOR BOARD USE ONLY

CERTIFICATE OF PRELIMINARY EDUCATION

NO: _____

DATE ISSUED: _____

This is to certify that this applicant has met the preliminary education requirements for the study of Podiatry in conformity with the Statutes of Ohio and the regulations of the State Medical Board of Ohio.