The following requirements **MUST** be submitted prior to issuance of a **DOCTOR OF PODIATRIC MEDICINE LICENSE (DPM)** 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 DPM Licensure**

To be eligible for a DPM 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 Medicine Education’s website at: [www.cpme.org](http://www.cpme.org).

**NOTICE:** DPM applicants who are currently enrolled in their third (3) year of residency may not apply until on or after March 1st.

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 $25 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) Applicants licensed in another state must 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) Applicants who are currently enrolled in their third (3) year of residency must submit Memorandum of Understanding for Conditional Issuance of Texas Doctor of Podiatric Medicine License.

(7) Submit license verification from all states in which a podiatric medical license has been held. (Current, temporary, cancelled, etc.)

   o **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.

(8) Proof of successfully completing a course in cardiopulmonary resuscitation (CPR). Provide a copy of a current CPR card or certification.

(9) 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) 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.
APPLICATION FOR DOCTOR OF PODIATRIC MEDICINE LICENSE

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: $534.00 (Fees are Non-Refundable)*

1. Full Legal Name  _________________________________________________________________________________
   (Last, First, Middle name must be given in full, initials not acceptable)

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: _________________________________________
   Ex: john doe@aol.com  See instruction sheet for disclosure information

6. Social Security # ________-_________-________

7. Date of Birth: _________/________/__________

8. Gender:   ☐ Female       ☐ Male

9. If you have ever held a Texas DPM license list type and license #: ____________________________________

EDUCATION

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

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

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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 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 NBMPME SCORES (PARTS I & II)

Requesting Scores by Mail at: Scores may also be ordered online at:
PROMETRIC/NBMPME www.APMLE.COM
7941 CORPORATE DRIVE
NOTTINGHAM, MD 21236
(877) 302-8952

REQUEST FOR PART III (PMLexis) CERTIFIED SCORE REPORT

Requesting Scores by Mail at: Scores may also be ordered online at:
Federation of Podiatric Medical Boards www.fpmb.org
12116 Flag Harbor Drive
Germantown, MD 20874-1979
Phone: (202)-810-3762

14. You must have completed, or be currently participating in your third (3) year of a residency program or fellowship approved by the Council of Podiatric Medical Education. You must 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. Have you ever been licensed to practice podiatric medicine in another state?  □ Yes  □ No

   If YES, list all states 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.

   State  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
CERTIFICATE BY LICENSING AGENCY

TO BE COMPLETED BY APPLICANT:

1. Name:

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<th>First</th>
<th>Middle</th>
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2. Address: Number and street/rural route (include apt. no., if any)

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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Country</th>
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3. Date of birth: mm/dd/yy

| / | / |

4. State Licensing Agency

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:

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<th>Date</th>
<th>Subjects of Examination</th>
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<th>Subjects of Examination</th>
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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.

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<th>Type or Print Name and Title of Agency Official</th>
<th>Name of State Licensing Agency</th>
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Signature of Agency Official {Affix Seal}

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TDLR Form POD001 May 2018
MEMORANDUM OF UNDERSTANDING FOR
CONDITIONAL ISSUANCE OF
TEXAS DOCTOR OF PODIATRIC MEDICINE LICENSE

Name ____________________________ Applicant No. ____________ Candidate I.D. No. ____________

I, ____________________________________________________________, am currently enrolled in the following approved Graduate Podiatric Medical Education (GPME) residency training program:

______________________________________
(Program Name)

______________________________________
(Program Director Name & Phone)

______________________________________
(Program Category; e.g. PM&S 36)

______________________________________
(Program Start Date)

______________________________________
(Program End Date)

1. For purposes of this agreement, “I”, “me” or “you” means the applicant or resident. “The Department” or “the agency” means the Texas Department of Licensing and Regulation.

2. I understand the filing of an application for Doctor of Podiatric Medicine (DPM) does not in any way obligate the Department to issue a license until such time the applicant has been approved as meeting all requirements for licensure set forth in the Department's laws and rules.

3. I understand that upon successful passage of the Department’s jurisprudence examination, I may be issued a permanent license to practice podiatry, which license will be subject to this MOU and to the conditions set forth in Department rule.

4. I understand that upon graduation from the enrolled GPME program, I MUST promptly provide the Department with a certificate of successful completion to evidence my fulfillment of Department Rules.

TDLR Form POD001 May 2018
5. I understand that should I fail to provide the Department with the requisite proof of successful GPME graduation/completion or should I fail to have completed the enrolled GPME program, that I will have not met the requirements for DPM licensure set forth in Department Rule and upon such failure(s) I shall voluntarily surrender the DPM license that was issued to me.

6. I understand that should I fail to provide the Department with requisite proof of materials required for licensure:
   - I have not met the requirements for the DPM license as set forth in Department Rule;
   - I shall voluntarily surrender the DPM license that was issued to me; and
   - I understand that the Department will begin disciplinary proceedings to revoke the DPM license.

I have read and understand the foregoing Memorandum of Understanding.

__________________________________________________________________ ____________ ____________
Signature                                                               Date