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

**CHECKLIST AND REQUIREMENTS OF TEMPORARY RESIDENCY LICENSURE**

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 Department’s website at: [www.tdlr.texas.gov](http://www.tdlr.texas.gov).

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

1. **Complete application form.**

2. Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners. You must request score reports and have them sent directly to TDLR.
   - **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.

3. **Submit information regarding residency program.**
   - **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.
   - **Memorandum of Understanding for Approved Residency Program (Form P6).** Complete form and return to TDLR.
   - **Memorandum of Understanding for Conditional Issuance of Temporary Residency License (Form POD007).** First year residents complete form and return to TDLR.

4. **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.

5. **Submit an official transcript verifying that your podiatric medical degree has been conferred, or submit completed and signed Verification of DPM Degree form.**
o **Official transcript.** Submit official transcript from the podiatric medical school/college showing degree conferred to TDLR.

o **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-HIPDB) 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.
TEMPORARY RESIDENCY LICENSE APPLICATION

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: $125.00 (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. Sex: male
    ❑ Female ❑ Male

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.

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<tr>
<th>Name</th>
<th>Address</th>
<th>Period of Attendance</th>
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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):

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<th>Name of Podiatric Medical School</th>
<th>Address of School</th>
<th>Exact Date of Issuance</th>
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13. Applicants must have passed the examinations, Part I and II, administered by the National Board of Podiatric Medical Examiners. You must request score reports and have them sent directly to TDLR.

**REQUESTS FOR NBPME SCORES (PARTS I & II)**

Requesting Scores by Mail at:  
PROMETRIC/NBPME  
7941 CORPORATE DRIVE  
NOTTINGHAM, MD 21236  
(877) 302-8952

Scores may also be ordered online at:  
WWW.APMLE.COM

14. Applicants are required to be currently participating in a residency program or fellowship approved by the Council of 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.

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<tr>
<th>A. Name of Residency or Sponsoring Institution (please list all surgical &amp; non-surgical)</th>
<th>City, State</th>
<th>Type of Residency</th>
<th>Dates Attended (or Date to Complete)</th>
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<tr>
<th>B. Name of Fellowship or Sponsoring Institution</th>
<th>City, State</th>
<th>Type of Fellowship</th>
<th>Dates Attended</th>
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15. Have you been enrolled in another residency program in another state?  ☐ Yes ☐ No

If YES, complete the information below.

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<tr>
<th>State</th>
<th>Name of Residency Program</th>
<th>Dates of Enrollment</th>
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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 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 or have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

☐ 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. 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

TDLR Form POD006 May 2018
MEMORANDUM OF UNDERSTANDING FOR
APPROVED RESIDENCY PROGRAM

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 Temporary 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 Temporary license, I will upon that date of departure
surrender my Temporary 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
VERIFICATION OF DPM DEGREE FORM

TO APPLICANT: Complete this section and submit this form to the Podiatry School you graduated from.
THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT

I am applying for licensure as a Doctor of Podiatric Medicine in the State of Texas. Please provide the following information, with my permission, to the Texas Department of Licensing and Regulation. This information needs to be sent directly to the Department at the address listed at the top of this form.

Name of Institution

Student Name

Former Name, if different at time of attendance

Social Security #

Date of Birth

Signature

Date

TO REGISTRAR OR PROGRAM DIRECTOR: (NOTE: This form must be completed AFTER graduation from podiatry school. The purpose of this form is to affirm/evidence that the applicant has fully graduated and therefore it cannot be completed prior to the actual date of graduation.) To avoid delay to applicant, please complete all sections below and send this form directly to the Department at the above address as soon as possible.

1. Beginning & ending dates of attendance in this program:

2. Date that Degree was conferred: [Month] / [Day] / [Year]

I do hereby certify that all information is complete and correct to the best of my knowledge.

Name of School Official completing this form (PLEASE PRINT) Date

Signature of School Official completing this form (SEAL) Phone Number

Title

TDLR Form POD006 May 2018
# 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.

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<th>LAST</th>
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<th>3. SOCIAL SECURITY NUMBER</th>
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<th>4. ADDRESS:</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>5. MAIDEN OR GIVEN SURNAME</th>
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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

**THIS FORM MUST BE SUBMITTED WITH THE APPLICATION BEFORE TEMPORARY LICENSE WILL BE ISSUED**