Nevada State Board of Podiatry

6170 Mae Anne Ave., Ste. 1 ● Reno, Nevada 89523 ● podiatry.nv.gov ●Phone 775-746-9424

APPLICATION FOR A LICENSE TO PRACTICE PODIATRIC MEDICINE IN NEVADA

[ ] **Podiatry Licensure Fee - $600.00** or [ ] **Podiatry Limited Licensure Fee - $600.00**
(cashier's check or money order required)

1. Name Last First Middle Degree Exactly as it should appear on your license	2. SS#
Other names - indicate if none	
3. Email Address	
4. Mailing Address: Number and Street/Rural Route, Apt. #	
City State Zip Country	
5. Telephone Number: (area code) Day Evening	6a. Date of Birth: (Mo/Day/Year)
7. Have you ever filed an application for licensure to practice Podiatric Medicine in Nevada? [ ] Yes [ ] No	6b. Place of Birth

8. List name and address of all colleges or universities where premedical instruction was received. Premedical instruction is limited to that course work required for entrance to Medical school.

Name of School	Address and zip	Period of attendance From/To

9. List name and address of all premedical colleges or universities where a degree was received. Request an official copy of transcript, with seal of school affixed, to be sent directly from the school to the Nevada Board.

Name of School	Address and zip	Degree Received/Date

10. List name and address of all schools where podiatric medical instruction was received. Request an original Certificate of Medical Education and official copy of transcripts, with seal of school affixed, from each school attended. Certificate and transcripts must be sent directly from the school to Nevada Board.

Name of School	Address and zip	Period of attendance From (mo/yr) To (mo/yr)
		1st yr.
		2nd yr.
		3rd yr

10a. Year Graduated/Degree/Name of School of Podiatry.

11. List any circumstances and explain details of failed classes, suspensions or expulsions from medical training. (Indicate if none)

12. Please list location, dates of service and director's name of your residency program. (approved by A.P.M.A) A certificate of completion should be sent directly to the Nevada Board from the hospital/director.

	Location	Date (from/to)	Director's Name
A			
B			
C.			

13. List all other states where you are currently licensed to practice podiatry, and list license number for each state.

A._____

B._____

C._____

D._____

14. List and explain any disciplinary actions or suspensions taken against you by other podiatric medical regulating boards. Please give appropriate details.

_____

_____

_____

_____

15. List hospitals and surgical centers where you have had privileges within the last five years. Facilities to send letters of current status directly to the Nevada Board.

	Name of Facility		Address
A			
B			
C			
D			

16. Self-Reporting Information Please read and answer each of the following questions carefully. For each **YES** answer, attach a separate sheet with a thorough explanation and include appropriate documentation such as related complaints, pleadings, judgments, orders and settlement agreements Please check a Yes or No response for each question	YES	NO
Have you ever been summoned before any professional licensing board concerning any violation of the laws, regulations, ethics or professional standards of a health care profession in which you have been licensed or for which you were making application for licensure?		
Have you ever had a professional license of any type restricted, suspended or revoked?		
Have you ever been disciplined in any way by any professional licensing board or professional society with respect to the violation of any laws, regulations, or ethical or professional standards?		
Have you ever been denied a license or the right to take an examination for licensing by any state, province or country?		
Have you ever had any registration, certification, license or privilege to practice podiatric medicine and surgery denied, suspended, revoked or restricted by any state, federal or foreign authority?		
Have you ever voluntarily given up any practice privileges, restriction, certification or license to practice podiatric medicine and surgery, or have you agreed to restrict your practice of podiatric medicine and surgery in lieu of or to avoid formal action?		
Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of any federal, state or local law relating to the manufacture, distribution, prescribing or dispensing of controlled substances?		
Have you ever been convicted of, or pled guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is in a foreign jurisdiction equivalent to, a misdemeanor, gross misdemeanor or felony, excluding any violations of traffic laws?		
Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety?		
Have you ever applied for a license or received a license to practice as a health professional in any classification under any name other than that on this license form?		

17. Have you ever served in the military? [ ] Yes [ ] No List Branch(es):_____
    Dates of Service: From ___/___/___ to ___/___/___ Military Occupation Specialties: _____
18. Child Support Information. Please mark the appropriate response (FAILURE TO MARK ONE OF THE THREE will result in DENIAL of the application).

    _____ I am not subject to a court order for the support of the child.

    _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing order for the repayment of the amount owed pursuant to the order; or

    _____ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

19. I witness that the above information is correct under penalty of perjury.

20. I duly swear that the information given in my application to practice podiatry is correct. I understand that incorrect information may invalidate any granted license resulting from this application. If granted a license in Nevada, I do hereby agree to practice according to the rules and regulations of practice set down by the Nevada State Board of Podiatry and if found guilty by said board of non-observance of these rules of the board, my license to practice in the State of Nevada is subject to revocation.

Signature of applicant_____

Subscribed and sworn to me this_____day of_____, 20_____.

_____(Notary)

Photograph
of Applicant

(Include shoulders and head)

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INSTRUCTIONS FOR APPLICATION TO PRACTICE PODIATRIC MEDICINE

The Nevada State Board of Podiatry has determined that the following materials must be provided for a complete application for licensure with the state of Nevada:

- Completed official application with a cashier's check for $600.00, of which $100.00 is non-refundable, made payable to the Nevada State Board of Podiatry; and 2 passport photographs of yourself – full face that have been taken in the last 6 months, 2x2 inches in size;

- Proof of successful completion of the National Board of Podiatric Medical Examination, Part III. (The National Board of Podiatric Medical Examiners [NBPME] will provide these results directly to us.); the PM Lexis III is administered by the National Board of Podiatric Medical Examiners (through NBPME's contractor, Prometric). The National Board of Podiatric Examiners sets the fee for this examination. The examination fee is to be paid directly to Prometric by you. The fee must be submitted with the examination application in the form of a certified check, cashier's check or money order made payable to the National Board of Podiatric Medical Examiners. Personal checks will not be accepted. If you have additional questions regarding the PM Lexis III please call toll-free (877-302-8952) or e-mail to nbpmeinquiry@prometric.com. The Nevada State Board of Podiatry applies the same methodology that the National Board of Podiatric Medical Examiners uses to determine whether a person who took the examination achieved a passing grade or score.

- Proof of completion of an A.P.M.A. accredited one-year residency. (*THIS DOCUMENT MUST COME DIRECTLY FROM THE RESIDENCY PROGRAMS TO THE NEVADA STATE BOARD.);*

- Official transcripts from all colleges (medical and premedical) you attended or graduated. *(THESE TRANSCRIPTS MUST COME DIRECTLY FROM THE INSTITUTIONS TO THE NEVADA STATE BOARD.);*

  Letters of verification from all hospitals and surgical centers where you have had privileges within the last five years. *(THESE LETTERS MUST COME DIRECTLY FROM THE HOSPITALS/SURGICAL CENTERS TO THE NEVADA STATE BOARD.)*

- If you are currently licensed to practice Podiatry in another state or the District of Columbia, a certificate from the licensing board of that jurisdiction is required stating that you are in good standing and that no disciplinary proceedings are pending.

- 2 completed fingerprint cards (see attached instructions) and the signed Fingerprint Background Waiver form.

- Every person who manufactures, distributes or dispenses any controlled substance within this state must obtain a controlled substance license. You need to apply **separately** for this license to the Nevada Board of Pharmacy, 985 Damonte Ranch Prky, Ste 206, Reno, Nevada 89521 (775) 850-1440.

- Please forward your completed application to: Nevada State Board of Podiatry, 6170 Mae Anne Ave, Suite 1 Reno, Nevada 89523. Thank you for your interest in the State of Nevada. If you have any questions, please contact the Podiatry Board at (775) 746-9424 or nvpodiatry@bop.nv.gov

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS FOR FINGERPRINTING:

FINGERPRINTING OPTION A

Obtain two original fingerprinting cards. Be sure they are the appropriate cards by verifying the code of "FD-258" on the back of the cards. Using black ink, fill in the boxes on the top half of the cards. The copy of a fingerprinting card (provided herewith) reflects each field that is required to be completed. A black dot indicates a required field. Sign where indicated in the presence of the person taking your prints.

In the "ORI" section, list the following:

NV0131700
DPS-REC/TECH DIV
CARSON CITY, NV

In the "Miscellaneous No." section list the following:

880934

In the "Reason Fingerprinted" section list the following:

NRS 635.067

You may visit a law enforcement agency or private fingerprinting site. You ***do not*** have to be fingerprinted in Nevada. You are encouraged to start this process immediately as results take *approximately* 6-10 weeks.

Complete the FINGERPRINT BACKGROUND WAIVER. Complete the applicant section where indicated. This form is **NOT** to be signed by the fingerprinting site representative. **Do not provide this form to them for any reason.**

MAIL TO THE BOARD OFFICE:

- A cashier's check or money order in the amount of **$40.25** made payable to the Department of Public Safety.
- The two completed fingerprinting cards
- The completed Fingerprint Background Waiver Form

Nevada State Board of Podiatry
6170 Mae Anne Ave., Ste. 1
Reno, Nevada 89523

***** if you cannot secure the fingerprinting cards, please email nvpodiatry@bop.nv.gov and request the cards. Please provide your name and complete mailing address.**

FINGERPRINTING OPTION B

If you reside in Nevada or will be visiting, you may elect to have your fingerprints done via live-scan and submitted electronically. **You must be physically present in Nevada for this option**. This option provides a quick turn-around time of *approximately* 2-4 weeks and a fee of **$40.25**. The process is simple:

(1) Select the company you wish to use and call them to confirm they submit electronically to DPS.

- Please visit the Nevada Repository's website for updated information as to the private companies who offer electronic submission to DPS.
- Visit http://gsd.nv.gov/FeesForms/Fingerprints/ and select the "Private Fingerprint Sites" tab. **Be sure they submit electronically to DPS.**
- **Electronic submission is NOT available via any law enforcement agency**

(2) When you appear for the fingerprinting, tell the clerk you are applying for licensure and need your prints **submitted electronically to DPS**. They will require the following codes:

ORI : NV0131700
DPS-REC/TECH DIV
CARSON CITY, NV

Miscellaneous No. 880934

Reason Fingerprinted - NRS 635.067

(3) They will take your prints and collect the $40.25 fee in addition to their administrative fee.

(4) **Complete the Fingerprint Background Waiver Form**. Complete the applicant section where indicated. This form is **NOT** to be completed or signed by the fingerprinting site representative. **Do not provide this form to them for any reason**.

MAIL TO THE BOARD OFFICE IMMEDIATELY UPON HAVING YOUR PRINTS TAKEN:

- The completed Fingerprint Background Waiver Form

APPLICANT
* See Privacy Act Notice on Back

FD-258 (REV.3-1-10) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM | FIRST NAME | MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

NRS 635.067

ALIASES AKA

ORI NV0131700 DPS-REC/TECH DIV CARSON CITY, NV

DATE OF BIRTH Month Day Year DOB

CITIZENSHIP CTZ | SEX | RACE | HGT. | WGT. | EYES | HAIR | PLACE OF BIRTH POB

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU 880934

1. R. THUMB | 2. R. INDEX | 3. R. MIDDLE | 4. R. RING | 5. R. LITTLE

6. L. THUMB | 7. L. INDEX | 8. L. MIDDLE | 9. L. RING | 10. L. LITTLE

Sample

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

5. If you have a criminal history record, you should be afforded a reasonable amount to time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

_____ _____
Initial *Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov .

7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov . The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

9. I hereby authorize _____ *(name of requesting agency)*, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____