



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243  
<http://www.tn.gov/health/>**

**INSTRUCTIONS FOR LICENSURE AS A PODIATRIST  
(615)741-5735, or (800)778-4123 ext. 741-5735**

The enclosed application and instructions are pertinent for those podiatrists who are applying for licensure based on examination or reciprocity or for an academic license.

Please carefully read the information below to determine the method of licensure for which you will be applying and follow the instructions for the selected method. The requirements for application are supported by T.C.A. Sections 63-3-101 through 63-3-127, T.C.A. Sections 63-1-101 through 63-1-138 and Rules and Regulations Chapters 1155-2-.01 through 1155-2-.09, which are included with the application packet. <http://share.tn.gov/sos/rules/1155/1155.htm>

It is suggested all documents listed in the instructions be requested from the appropriate institutions or individuals upon receipt of this package. All supporting documents must be received in the Board's administrative office by the time frames indicated in the instructions. Please allow ten (10) working days for the information submitted to be received and placed in your file. Mail delivered by Federal Express and other special courier services will be handled as routine mail.

#### **METHODS OF LICENSURE**

**ACADEMIC** - The licensure method for individuals who have met all requirements for full and unrestricted Podiatry licensure except for post graduate training and/or licensing examinations. This license allows a Podiatrist to enter into an internship. If you wish to apply for an Academic License go to Section III for the appropriate instructions.

**EXAMINATION** - The licensure method for individuals who have received the degree of Doctor of Podiatric Medicine and who have successfully completed the National Board Examination and who have completed at least a one-year residency program approved by the Council on Podiatric Medical Education. If you wish to apply for licensure by examination go to Section I for the appropriate instructions.

**RECIPROCITY** - The licensure method for Podiatrists who hold a current and valid license in another state provided the license requirements in the other state are substantially the same as those required in Tennessee. If you wish to apply for licensure by reciprocity go to Section II for the appropriate instructions.

**PLEASE NOTE – Rule 1155-02-.08 (4) Examination scores obtained by an applicant in order to apply for licensure as a podiatrist shall be effective for five (5) years from the date that the applicant took the examination or the last part of the examination, should the examination be given in multiple parts.**

## **SECTION I - Instructions for licensure by Examination**

The following items must be submitted to the Board Office no later than sixty (60) days prior to the next scheduled examination.

1. Completed and notarized application indicating method of requested licensure.
2. To apply by exam, or reciprocity an application fee of four hundred and forty dollars (\$440) and a state regulatory fee of ten dollars (\$10) is needed for a total of (\$450).
3. One (1) recent full face photographs taken within the preceding twelve (12) months, which is signed by the applicant.
4. All applicants must complete the attached Declaration of Citizenship form and have it notarized.
5. Official transcript sent directly to the Board Office from the school of Podiatry from which you graduated. The transcript must indicate date graduated and degree awarded.
6. An applicant shall submit evidence of good moral character. Such evidence shall be three (3) recent (within the preceding 12 months) original letters, two of which must be from licensed podiatrists, medical doctors or osteopathic physicians attesting to the applicant's personal character and professional ethics on the signatory's letterhead.
7. An applicant shall submit proof of being eighteen (18) years of age or older. Acceptable proof is a certified/notarized copy of the applicant's birth certificate, drivers license, or voters registration card.
8. Verification of successful completion of Parts I and II of the National Board Examination sent directly from the National Board to the Tennessee Board's office.
9. Verification of successful completion of the following:

### Use Attachment 1

- a. Certificate of completion of at least a one (1) year residency program approved by the Council on Podiatric Medical Examinations or its successor organization. If the residency program is longer than one (1) year, the entire program must be completed before you can be licensed. This form must be completed and forwarded to the Board's office.
10. Affidavit of Accreditation of Residency program:

### Use Attachment 2

- a. RESIDENCY PROGRAM - The AFFIDAVIT OF ACCREDITATION OF RESIDENCY PROGRAM - complete Section I and forward it along with a Fifteen Dollar (\$15) fee to the American Podiatric Medical Association at the address listed on the form.

11. Federation of Podiatric Medical Boards Report for Disciplinary inquires:

Use Attachment 3

- a. Clearance from the Federation of Podiatric Medical Examiners sent directly from the Federation to the Tennessee Board office. Complete The FEDERATION OF PODIATRIC MEDICAL BOARDS REPORT FOR DISCIPLINARY INQUIRIES form listed on the form.

12. Verification of licensure:

Use Attachment 4

- a. Complete the top portion of the VERIFICATION OF LICENSURE form and send it to all states in which you hold a current license or have ever held a license. this form should be photocopied prior to signing it if it must be submitted to more than one (1) state.

13. Federation of Podiatric Medical Boards request for part III score report:

Use Attachment 5

- a. Verification of successful completion of the Part III Examination if taken in another state Complete the FEDERATION OF PODIATRIC MEDICAL BOARDS REQUEST FOR PMLEXIS CERTIFIED SCORE REPORT and forward it along with a Thirty-Five Dollar (\$35) fee to the Federation at the address listed on the form.

14. Criminal Background check (for information click here <http://www.tn.gov/health/>)

A completed file is one which contains ALL of the required documentation.

Applicants will be notified when they have been approved for the Jurisprudence exam

## RE-EXAMINATION

Applicants who fail Part III of the NBPME examinations shall be entitled to retake the next regularly scheduled examination upon a written request to the Board's administrative office at least sixty (60) days prior to the examination.

## SECTION II - Instructions for licensure by Reciprocity

The following items must be submitted to the Board Office no later than thirty (30) days prior to the next scheduled Board meeting.

1. Completed and notarized application indicating method of requested licensure.
2. To apply by exam, or reciprocity an application fee of four hundred and forty dollars (\$440) and a state regulatory fee of ten dollars (\$10) is needed for a total of (\$450).
3. One (1) recent full face photographs taken within the preceding twelve (12) months, which is signed by the applicant.
4. All applicants must complete the attached Declaration of Citizenship form and have it notarized.
5. Official transcript sent directly to the Board Office from the school of Podiatry from which you graduated. The transcript must indicate date graduated and degree awarded.
6. An applicant shall submit evidence of good moral character. Such evidence shall be three (3) recent (within the preceding 12 months) original letters, two of which must be from licensed podiatrist, medical doctors or osteopathic physicians attesting to the applicant's personal character and professional ethics on the signatory's letterhead.
7. An applicant shall submit proof of being eighteen (18) years of age or older. Acceptable proof is a certified/notarized copy of the applicant's birth certificate, drivers license, or voters registration card.
8. Verification of successful completion of Parts I and II of the National Board Examination sent directly from the National Board to the Tennessee Board's office.
9. Verification of successful completion of the following:  
Use Attachment 1
  - b. Certificate of completion of at least a one (1) year residency program approved by the Council on Podiatric Medical Examinations or its successor organization. If the residency program is longer than one (1) year, the entire program must be completed before you can be licensed. This form must be completed and forwarded to the Board's office.
10. Affidavit of Accreditation of Residency program:  
Use Attachment 2
  - a. RESIDENCY PROGRAM - The AFFIDAVIT OF ACCREDITATION OF RESIDENCY PROGRAM - complete Section I and forward it along with a Fifteen Dollar (\$15) fee to the American Podiatric Medical Association at the address listed on the form.
11. Federation of Podiatric Medical Boards Report for Disciplinary inquires:  
Use Attachment 3

- a. Clearance from the Federation of Podiatric Medical Examiners sent directly from the Federation to the Tennessee Board office. Complete The FEDERATION OF PODIATRIC MEDICAL BOARDS REPORT FOR DISCIPLINARY INQUIRIES form listed on the form.

12. Verification of licensure:

Use Attachment 4

- a. Complete the top portion of the VERIFICATION OF LICENSURE form and send it to all states in which you hold a current license or have ever held a license. this form should be photocopied prior to signing it if it must be submitted to more than one (1) state.

13. Federation of Podiatric Medical Boards request for part III score report:

Use Attachment 5

- a. Verification of successful completion of the Part III Examination if taken in another state Complete the FEDERATION OF PODIATRIC MEDICAL BOARDS REQUEST FOR PMLEXIS CERTIFIED SCORE REPORT and forward it along with a Thirty-Five Dollar (\$35) fee to the Federation at the address listed on the form.

14. Criminal Background check (for information click here <http://www.tn.gov/health/>)

A completed file is one which contains ALL of the required documentation.

Applicants will be notified when they have been approved for the Jurisprudence exam.

### SECTION III - Instructions for an Academic license

The following items must be submitted to the Board office no later than fourteen (14) days prior to the next scheduled Board meeting.

1. Completed and notarized application indicating method of requested licensure.
2. To apply for an academic license a fee of four hundred and forty dollars (\$440) and a state regulatory fee of ten dollars (\$10) is needed for a total of (\$450).
3. One (1) recent full face photograph taken within the preceding twelve (12) months, which is signed by the applicant.
4. All applicants must complete the attached Declaration of Citizenship form.
5. Official transcript sent directly to the Board office from the school of Podiatry from which you graduated. The transcript must indicate date graduated and degree awarded.
6. An applicant shall submit evidence of good moral character. Such evidence shall be three (3) recent (within the preceding 12 months) original letters, two of which must be from licensed podiatrist, medical doctors or osteopathic physicians attesting to the applicant's personal character and professional ethics on the signator's letterhead.
7. An applicant shall submit proof of being eighteen (18) years of age or older. Acceptable proof is a certified/notarized copy of the applicant's birth certificate, drivers license, or voters registration card.
8. Verification of successful completion of Parts I and II of the National Board Examination sent directly from the National Board to the Tennessee Board's office.
9. Verification of enrollment in an approved minimum one-year residency:

Use Attachment 6

- a. AFFIDAVIT OF ENROLLMENT IN AN APPROVED MINIMUM ONE (1)YEAR RESIDENCY Program form must be completed by The director of the program and returned to the Board office.

10. Affidavit of Accreditation of Residency program:

Use Attachment 2

- a. RESIDENCY PROGRAM - The AFFIDAVIT OF ACCREDITATION OF RESIDENCY PROGRAM - complete Section I and forward it along with a Fifteen Dollar (\$15) fee to the American Podiatric Medical Association at the address listed on the form.

11. Criminal Background check (for information click here <http://www.tn.gov/health/>)

A completed file is one which contains ALL of the required documentation.



PREMEDICAL EDUCATION

NAME OF SCHOOL

DATES ATTENDED

DEGREE

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

PODIATRY EDUCATION

1st year Name  
Address  
Dates

2nd year Name  
Address  
Dates

3rd year Name  
Address  
Dates

4th year Name  
Address  
Dates

POST GRADUATE STUDY OR WORK

Are you currently enrolled in a Residency program? Yes \_\_\_ No \_\_\_

If yes; Name of residency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Following completion of your residency program, do you plan to practice in Tennessee?

Yes \_\_\_ No \_\_\_

Have you completed:

At least a one (1) year residency? Yes \_\_\_ No \_\_\_

\*Ten (10) years of practice as a podiatrist in another state prior to 1990? Yes \_\_\_ No \_\_\_

\*If yes, please explain fully on a separate sheet.

Have you taken the National Board Examination?

Part I YES \_\_\_ NO \_\_\_

Part II YES \_\_\_ NO \_\_\_

Have you ever taken a podiatry licensing examination in another state? Yes\_\_\_ No\_\_\_

If YES what state(s) \_\_\_\_\_

If YES was it: A state exam \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_  
PMLexis \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Other \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

(Have verification of your scores sent directly to the Board)

List below states in which you have ever been or are currently licensed as a podiatrist.

STATE LICENSED	LICENSE NUMBER	DATE ISSUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below states in which you hold a license as a health professional other than a Podiatrist.

STATE LICENSED	LICENSE NUMBER	DATE ISSUED
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Have "Verification of Licensure" form completed and sent directly to this board from each state in which you now hold or have ever held licensure.)

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers are in the affirmative with the exception of question number 1, please explain in detail on an attached sheet. In support of your explanation, the final documents or Orders from the states, courts, and agencies must be submitted as a part of your file.

- |   | YES   | NO    |
|---|-------|-------|
| 1. Are you now in good physical and mental health?  | _____ | _____ |
| 2. Has your certificate or license to practice Podiatry in any state ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered, under threat of investigation or disciplinary action?              | _____ | _____ |
| 3. Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, voluntarily surrendered, under threat of restriction or disciplinary action?                   | _____ | _____ |
| 4. Have you ever been denied a state or federal controlled substances certificate?  | _____ | _____ |
| 5. Has your state or federal controlled substances certificate ever been revoked, suspended, restricted, otherwise disciplined, voluntarily surrendered, under threat of investigation or disciplinary action?  | _____ | _____ |
| 6. Do you have a medical condition which in any way impairs or limits your ability to practice podiatric medicine with reasonable skill and safety? If yes, please explain.   | _____ | _____ |
| 7. If you use chemical substance(s) do they in any way impair or limit your ability to practice podiatric medicine with reasonable skill and safety? If yes, please explain.  | _____ | _____ |
| 8. If you have any limitations or impairments caused by an existing medical condition are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | _____ | _____ |
| 9. If you have any limitations or impairments caused by an existing medical condition are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.          | _____ | _____ |
| 10. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.   | _____ | _____ |

YES NO

- 11. Are you currently engaged in the illegal use of controlled dangerous substances? If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? \_\_\_\_\_
- 12. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? \_\_\_\_\_
- 13. Have you ever been rejected or censured by a professional society? \_\_\_\_\_
- 14. Have you ever had a judgment rendered against you, or any legal action settled or pending, relating to the performance of your professional service? \_\_\_\_\_
- 15. Have you ever applied for a professional license in any health care profession and been denied or restricted for any reason? \_\_\_\_\_

Before signing this application, please read it again to make sure you have answered all questions accurately, completely, and clearly. Use additional sheets whenever necessary.

THIS APPLICATION MUST BE NOTARIZED

I, \_\_\_\_\_, solemnly swear that the statements on this application are true and correct. In signing this, I am aware that Chapter 9, Public Acts of 1947, provides that a person filing a forged Affidavit of Identification is subject to punishment prescribed by law for the crime of forgery.

I HEREBY:

SIGNIFY MY WILLINGNESS to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

AUTHORIZE THE BOARD, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

CONSENT TO THE RELEASE of such information.

RELEASE FROM LIABILITY the board, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluating my application, my credentials, and my qualifications.

RELEASE FROM LIABILITY any and all organizations which provide information in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE THAT I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. at

\_\_\_\_\_  
(City or Place)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

(notary seal)

ATTACHMENT 1



Tennessee Board of Podiatric Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243  
<http://www.tn.gov/health/>

**CERTIFICATE OF COMPLETION OF AT LEAST A ONE-YEAR  
RESIDENCY PROGRAM**

This is to certify that \_\_\_\_\_, a participant of  
Applicant's name  
\_\_\_\_\_, participated in an approved residency program offered by  
Name of Program

\_\_\_\_\_ Name and Address of Facility  
from \_\_\_\_\_ thru \_\_\_\_\_ and that the above named participant will successfully complete this  
Date Date  
program on \_\_\_\_\_.  
Date

\_\_\_\_\_, being duly sworn, says he/she is/was the  
program director for the participant named above during the program indicated and that he/she has  
carefully read and completed this form and that the statements made herein are strictly true in every  
respect.

\_\_\_\_\_  
Type or Print Name of Program Director

\_\_\_\_\_  
Address

Phone Number ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Director

Signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary  
Seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

NOTE: Approved podiatric residencies are those programs approved by the Council on Podiatric  
Medical Education.



**ATTACHMENT 2**

**Tennessee Board of Podiatric Medical Examiners**  
665 Mainstream Drive  
Nashville, TN 37243  
<http://www.tn.gov/health/>

**AFFIDAVIT OF ACCREDITATION OF RESIDENCY PROGRAM**

If you have completed an approved Residency program, Please complete Section I and send this form along with a Fifteen Dollar (\$15) fee to the AMERICAN PODIATRIC MEDICAL ASSOCIATION for verification of an approved Residency, at the following location:

American Podiatric Medical Association, Inc.  
9312 Old Georgetown Road  
Bethesda, MD 20814  
(301) 571-9200 or  
1-800-ASK-APMA

**SECTION I**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Name of Residency Program

\_\_\_\_\_  
Date of Residency

\_\_\_\_\_

\_\_\_\_\_  
Address of Residency Program

\_\_\_\_\_  
Director of Residency Program

**SECTION II - THIS SECTION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION.**

This will verify that the above named Residency Program has been granted full accreditation by the American Podiatric Medical Association.

\_\_\_\_\_  
Name - Please Print or Type

NOTARY

SEAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary

My commission expires \_\_\_\_\_

Please return to: \_\_\_\_\_ Address listed above

ATTACHMENT 3



Tennessee Board of Podiatric Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243

<http://www.tn.gov/health/>

FEDERATION OF PODIATRIC MEDICAL BOARDS  
REPORT FOR DISCIPLINARY INQUIRIES

INSTRUCTIONS: All Part III score and disciplinary reports should be ordered at the FPMB web site at [www.fpmb.org](http://www.fpmb.org). Simply press the "order reports" button. After filling out an online form, visitors have the option to immediately pay for requests with their Visa or Master Card credit card. **Alternatively, requests may be printed and mailed to the Federation of Podiatric Medical Boards with a check.**

DISCIPLINARY INQUIRIES

Russell J. Stoner, Executive Director  
Federation of Podiatric Medical Boards  
12116 Flag Harbor Dive  
Germantown, MD 20874-1979  
(202) 810-3762

The TENNESSEE BOARD OF PODIATRIC MEDICAL EXAMINERS requests a disciplinary search concerning the following applicant:

NAME:

\_\_\_\_\_  
Last First Middle Maiden

ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

PODIATRY SCHOOL \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

SCHOOL LOCATION \_\_\_\_\_

FEDERATION: PLEASE MAIL REPORT DIRECTLY TO: ADDRESS LISTED ABOVE

**ATTACHMENT 4**



**Tennessee Board of Podiatric Medical Examiners**  
665 Mainstream Drive  
Nashville, TN 37243  
<http://www.tn.gov/health/>

VERIFICATION OF LICENSURE

Please complete the TOP portion and forward one (1) form to the Board of Podiatry in EACH state where you hold or have held a license to practice. (If you need more forms, make copies of this one)

NOTE: Some states require a fee be paid for providing clearance information. In order to expedite your application, you may wish to contact the applicable state or states.

\_\_\_\_\_ was granted \_\_\_\_\_ on \_\_\_\_\_  
Name of Applicant License Number Date  
by the state of \_\_\_\_\_. The Tennessee Board of Podiatric Medical Examiners requests that I submit evidence that my license in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

Tennessee Board of Podiatric Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243

Your early attention is appreciated.

DATE: \_\_\_\_\_  
Signature \_\_\_\_\_  
Typed or printed name \_\_\_\_\_

ADMINISTRATIVE OFFICE OF STATE PODIATRY BOARD  
PLEASE COMPLETE:

License Number \_\_\_\_\_ Date issued \_\_\_\_\_

Basis of issuance: National Board Exam  
State Exam \_\_\_\_\_ Score \_\_\_\_\_  
PMLexis Exam \_\_\_\_\_ Score \_\_\_\_\_  
Other \_\_\_\_\_ Explain: \_\_\_\_\_

License currently registered? Yes \_\_\_ No \_\_\_  
Derogatory information on file? Yes \_\_\_ No \_\_\_

NOTARY SEAL

If derogatory information in file please attach explanation, final orders, etc.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(Notary Seal)

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Authorized Signature Title Date

**ATTACHMENT 5**



**Tennessee Board of Podiatric Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243**

**FEDERATION OF PODIATRIC MEDICAL BOARDS  
REQUEST FOR PMLEXIS CERTIFIED SCORE REPORT**

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INSTURCTIONS: Applicants for licensure who (1) have already taken the PMLexis in another state, AND (2) whose score has been reported to that state's licensing board may, by completing this form AND including certified funds in the amount of Thirty-Five Dollars (\$35) payable to FPMB may request that the Federation certify that score to another state board. The Thirty-Five Dollar (\$35) fee applies to each score report to every additional (second, third, etc.) state board.

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All Part III score and disciplinary reports should be ordered at the FPMB web site at [www.fpmb.org](http://www.fpmb.org). Simply press the "order reports" button. After filling out an online form, visitors have the option to immediately pay for requests with their Visa or Master Card credit card. **Alternatively, requests may be printed and mailed to the Federation of Podiatric Medical Boards with a check.**

Russell J. Stoner, Executive Director  
Federation of Podiatric Medical Boards  
12116 Flag Harbor Drive  
Germantown, MD 20874-1979  
(202) 810-3762

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STATE IN WHICH  
PMLEXIS WAS TAKEN \_\_\_\_\_

DATE PMLEXIS  
WAS TAKEN \_\_\_\_\_

SCHOOL & YEAR  
OF GRADUATION \_\_\_\_\_

---

STATE BOARD TO WHICH THIS REPORT IS TO BE SENT IS LISTED ABOVE

**ATTACHMENT 6**



TENNESSEE BOARD OF PODIATRIC MEDICAL EXAMINERS  
665 Mainstream Drive  
Nashville, TN 37243

AFFIDAVIT OF ENROLLMENT IN RESIDENCY PROGRAM

(To Be Completed By Director)  
For the Academic License of

\_\_\_\_\_ Name of Applicant

Who has applied for licensure to practice as a podiatrist in Tennessee.

This is to verify that the above named applicant is currently enrolled in our residency program.

\_\_\_\_\_  
Signature of Director

NOTE: If the above named applicant is discharged from program or reprimanded, notify this Board immediately.

\_\_\_\_\_  
Name of Director (please print)

Name and address of residency program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This residency program is approved by: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every *adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) \_\_\_\_\_  
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: \_\_\_\_\_  
Last First Middle Maiden\_
2. Mailing Address: \_\_\_\_\_
3. Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_
4. I am a United States Citizen: \_\_\_Yes \_\_\_No
5. I am a foreign national not physically present in the United States \_\_\_Yes \_\_\_No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
  - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
  - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
  - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
  - d) A federally issued birth certificate.
  - e) A valid, unexpired U.S. passport.
  - f) A report of birth abroad of a U.S. citizen.
  - g) A certificate of citizenship.
  - h) A certificate of naturalization.
  - i) A U.S. citizen ID card.
  - j) Any successor document to #'s a-i above.
  - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
  - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**