

PODIATRIC LICENSURE REQUIREMENTS FOR THE STATE OF WEST VIRGINIA

All applicants for podiatric licensure in the State of West Virginia shall provide evidence of the following:

1. Graduation from a school of podiatry approved by the Council on Podiatry Education or the West Virginia Board of Medicine; **and**
2. A sworn notarized statement of good moral character; **and**
3. **One** of the following:
 - a. An overall Converted Score of 75 or better with no converted score less than 70 on any separate component (I & II, III, IV) of the PMLexis Podiatry Examination administered in West Virginia before December, 1990; **or**
 - b. The PMLexis Podiatry Examination administered before December, 1990, in another participating state with an overall Converted Score of 75 or better with no converted score less than 70 on any separate component (I & II, III, IV) of the PMLexis Podiatry Examination; **or**
 - c. The PMLexis / APMLE Podiatry Examination administered in West Virginia or another participating state with a score above the nationally recommended cut score for the specific PMLexis / APMLE taken by the applicant after June, 1990: **Provided**, the nationally recommended cut score is criterion referenced according to the method known as the Angoff method.*
4. After May 30, 1991, all applicants must submit evidence to the Board of having successfully completed a minimum of one year of graduate clinical training in a program approved by the Council on Podiatric Medical Education or the colleges of podiatric medicine. The Board may consider a minimum of two years of graduate podiatric clinical training in the U. S. Armed Forces or three years of private podiatric clinical experience in lieu of this requirement.

THERE ARE NO EXCEPTIONS TO THE ABOVE REQUIREMENTS. Permanent license fee is \$400.00 and \$100 for a temporary license. Fees are not refundable. A temporary license may be available to persons licensed in another state, the District of Columbia, Canada, or Puerto Rico. A temporary license is not available until the application is complete and pending approval, and it has been determined there is no derogatory information from any other jurisdiction.

*In order to meet the examination requirement, the three Parts of the examination must be successfully completed within a period of ten (10) consecutive years.

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR
PODIATRIC PERMANENT LICENSURE**

On-line application: Complete in full. The name you enter must exactly match the name on your podiatric diploma, or documentation of formal name change must be submitted.

Fraudulent answers to the professional practice character and fitness questions may result in licensure denial or revocation.

List all states in which you are now licensed or have ever been licensed, regardless of the status of that license. Fraudulent answers to these questions may result in licensure denial or revocation.

List all employment since graduation from podiatry school.

Affidavit: Attach a current color photo and sign this page in the presence of a Notary Public and return it to our office with the Authorization for Release, if you are opting to allow someone to assist you in the licensure process. We must have the fully completed Affidavit to begin the application review of your submitted application.

Authorization of Release: Optional. If submitting follow instructions on the form and return it to our office with the Affidavit.

License Verification: **You must verify your podiatric license(s) from each state where you now hold or have ever held a podiatry license, regardless of the status of that license (i.e., active, inactive, lapsed, expires, suspended, surrendered, or revoked) or the type of license (permanent, temporary, locum tenens, education or training).** Many states allow verification requests to other State Boards be completed on its web-site, which is an acceptable alternative to mailing this page. If not, send this page after the applicant completes the **release** part of the page (the top section only), leaving the rest of the page blank. Letters of good standing are also acceptable, **as long as they have the Seal of the State Board of them.** Most states require a fee, so check with each individual Board. You may make extra copies of this page as necessary.

Good Moral Character Statement: This page is to be completed by **another** podiatrist licensed in the United States. The Affiant must have known you for a minimum of two (2) years and must not be related to you by blood or marriage. The form must be notarized. **This is not to be completed by the applicant.**

Education Verification: This page is to be completed by an official of your Podiatric College.

Request for Certified Score Report – Part III (PMLexis) and Disciplinary Reports

The Federation of Podiatric Medical Boards (FPMB) respectfully requests that all requests for Part III (PMLexis) certified score reports and disciplinary reports are ordered from the FPMB website online at <http://www.fpmb.org> with payment by credit card. Alternatively, requests may be completed online, printed and mailed with a check to the FPMB per the online instructions at its website.

Request for NBPME / APMLE Scores

To request Parts I and II APMLE score reports you may visit <http://www.apmle.com> to download request forms to mail to Prometric with the current fee.

National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB): This is an additional requirement to complete your application. Begin the process for a Self-Query at <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> . Follow all instructions given. A pdf of the Self-Query report may be forwarded to the Licensure Analyst processing your application via e-mail, or you may request a mailed copy so that the Self-Query report is mailed directly to you. You must then mail (do not fax) all of the original report (not photocopies) directly to this office. For assistance, email help@npdb.hrsa.gov or call 800-767-6732.

ADDITIONAL INSTRUCTIONS

You MUST submit the following with your portion of the application (DO NOT SEND ORIGINAL CREDENTIALS TO THIS OFFICE):

1. **Copy** of your podiatric school diploma.
2. **Copy** of evidence in the form of a certificate **OR** official letter (**giving beginning and ending dates**) from the program director, with the School Seal affixed, of completion of at least one (1) year of graduate clinical training in a program approved by the Council on Podiatric Medical Education or the colleges of podiatric medicine; **OR**
Evidence of a minimum of two (2) years of graduate podiatric clinical training in the U.S. Armed Forces **OR** evidence of three (3) years of private podiatric clinical experience.
3. **Copy** of your birth certificate, passport, or baptismal record. Nothing else accepted in lieu of this.
4. **Copy** of your marriage license, divorce decree, or court order of change of name if the name shown on your diploma is not the same as the one you are now using. **You will be licensed under the name shown on your podiatry diploma if evidence is not provided the Board of a change of name.**

BOARD MEETINGS:

Board meetings are held every other month, beginning in January. When your application is processed, you will receive an e-mail or letter notifying you of what documentation is outstanding. When all documentation has been received, you will be notified that your application is complete and pending approval (unless you do not have one year of postgraduate clinical training and wish to be licensed by the alternative of U.S. Armed Forces training or private practice*). However, if you answer "yes" to any question on Page 3 of the application, you may be required to appear before the Licensure Committee and you may not be eligible for a temporary license.

If you are eligible for a temporary license (see page i) and if a temporary license is requested between the time your application is completed and the Board meeting at which it will be presented, an additional fee of **\$100.00** is required, in the form of a **Check, Money Order or credit card payment and is not refundable. Payment of this fee does not guarantee you a temporary license.** Even if you may be otherwise eligible for a temporary license, if you have any derogatory information against you or have answered "yes" to any of the Personal Data questions on page 3, you may not be eligible for a temporary license. The granting of a temporary license occurs in writing from this office.

The West Virginia Board of Medicine will provide reasonable accommodation to a qualified applicant with a disability in accordance with the Americans with Disabilities Act.

*If you have not completed one year of postgraduate clinical training but have U.S. Armed Forces training or private podiatric clinical experience, you may be required to appear before the Licensure Committee and you may not be eligible for a temporary license.

VERIFICATION OF LICENSURE

THIS SECTION TO BE COMPLETED BY APPLICANT:

I, _____, hereby authorize and request the State Board of _____, having control of any documents, records, and other information pertaining to me, to furnish to the WEST VIRGINIA BOARD OF MEDICINE information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

Signature _____ License Number _____ Issue Date _____
Name in Full (Please Print) _____ Date of Birth _____ Social Security No. _____
Other Names Used in Obtaining Licensure _____ Current Address _____

This section is to be completed by an official of the state board and returned to the WEST VIRGINIA BOARD OF MEDICINE, 101 DEE DRIVE, SUITE 103, CHARLESTON, WV 25311.

STATE OF: _____

FULL NAME OF LICENSEE: _____

GRADUATE OF: _____

LICENSE NO.: _____ ISSUE DATE: ____/____/____ EXPIRATION DATE: ____/____/____

CURRENT STATUS: _____

LICENSE METHOD: () National Board () PMLEXIS
() State Board Exam () Reciprocity/Endorsement with: _____
() Other _____

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES _____ NO _____ UNABLE TO DIVULGE _____ (If yes, please attach details)

Have formal disciplinary proceedings ever been initiated against applicant or applicant's license by a disciplinary authority in your state? YES _____ NO _____ UNABLE TO DIVULGE _____ (If yes, please attach details)

Has the applicant ever had his or her license to practice podiatry limited, conditioned, restricted, suspended, or revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation, or has the applicant ever voluntarily surrendered or limited his/her license to practice podiatry, in your state? YES _____ NO _____ UNABLE TO DIVULGE _____ (If yes, please attach details)

COMMENTS: _____

SIGNED _____

BOARD SEAL

TITLE _____

DATE _____

APPLICANT'S CHECKLIST

This checklist is provided for your convenience. You should keep this and the instructions to refer to during the licensing process. Please see the preceding pages of instructions for specific information.

Application Materials	To be submitted to the Board office by applicant	To be submitted to the Board office by third party
Affidavit with photograph	√	
On-line application	√	
License verification		√
Exam scores for Part III (PMLexis) (see pg ii)		√
Exam scores Parts I and II (see pg ii)		√
Disciplinary inquiry report (see pg ii)		√
Good Moral Character Statement to be completed by a D.P.M.		√
Podiatric Education Verification send to podiatry school		√
Application Fee	√	
NPDB <i>and</i> HIPDB report ¹	√	
Copy of podiatric school diploma	√	
Copy of postgraduate training	√	
Copy of birth certificate or passport	√	
Copy of proof of name change ² - if applicable	√	

¹When you receive the combined report from the Data Bank, forward all of the originals to the Board office, or forward the pdf via e-mail to the Licensure Analyst.

²Marriage certificate, divorce decree, or court document.



Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar.

Applicant:

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to:

WV Board of Medicine
101 Dee Drive
Suite 103
Charleston, WV 25311

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the WV Board of Medicine Application for licensure as a Podiatrist and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice podiatry being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice podiatry.

Applicant Photograph

Securely tape or glue a recent (less than 6 month old) front-view 2" x 2" passport-type color photo of yourself in this square.

Applicant's signature (must be signed in the presence of a notary)

Applicant's printed last name

Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

Date of signature (must correspond to date of notarization)

-fold up-

After folding the bottom portion upward, bring the new bottom edge to the top edge and fold to fit in a standard envelope.

-fold up-

Notary

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20 _____.

Notary Public Signature: _____

(NOTARY PUBLIC SEAL)

My Notary Commission Expires: _____



State of West Virginia *Board of Medicine*

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

Podiatric Physician's Name: _____

AUTHORIZATION FOR RELEASE OF APPLICATION STATUS

The person(s) listed below have my permission to check on the status of my application for a West Virginia podiatric license. I understand that I may revoke this authorization, in writing, at any time during the application process.

Type or print name clearly

Type or print name clearly

Podiatric Physician's Signature: _____ Date: _____

The completion of this form is optional and only needed if authorizing someone else to have information regarding the status of your application.

GOOD MORAL CHARACTER STATEMENT

State of _____

County of _____

I, _____, D.P.M., am currently licensed in the
(Name of Affiant) (See Instructions, Page iii)

State of _____ and I swear that I have known the
applicant _____ well for a minimum of two (2) years.
(Name of applicant goes here)

Further, I know him/her to be a person of good moral character, and he/she is physically and mentally capable of engaging in the practice of podiatry.

Signature of Affiant

Print Name

Address of Affiant

City

State

Zip

Sworn to before me this _____ day of _____, _____.
(Month) (Year)

My commission expires _____ / _____ / _____.
Month Day Year

NOTARY SEAL

Signature of Notary Public

Return this form to:

**WEST VIRGINIA BOARD OF MEDICINE
101 DEE DRIVE, SUITE 103
CHARLESTON, WEST VIRGINIA 25311**

PODIATRIC EDUCATION VERIFICATION

This section to be completed by the applicant.

In applying for a license to practice podiatry, the West Virginia Board of Medicine requires this form to be completed by the podiatry school wherein I received my doctor of podiatric medicine (D.P.M.) degree. This is your authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY** to the West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, West Virginia 25311. Your prompt response will be appreciated.

Name: _____, D.P.M. DOB: ____/____/____

Name as issued on diploma, if different from above: _____, D.P.M.

Date of Graduation: ____/____/____ SSN: ____-____-____

Address: _____
P.O. Box or Street Address City State Zip

Signature: _____ Date: ____/____/____

CERTIFICATE OF DEAN, SECRETARY, OR REGISTRAR OF PODIATRY COLLEGE (This form must be completed by a representative of the Podiatry School)

This is to certify that _____
(Name of Graduate)

has satisfactorily completed _____ years of podiatric education at the
_____, located at
Name of Podiatry College

Mailing Address City State Zip or Postal Code Country

The aforesaid graduate received the degree of _____ from
this institution on ____/____/____.
Month Day Year

INSTITUTIONAL SEAL

Signature: _____

Title: _____

Date of Signature: ____/____/____
Month Day Year