



# State of West Virginia *Board of Medicine*

101 Dee Drive, Suite 103  
Charleston, WV 25311  
Telephone (304) 558-2921  
wvbom.wv.gov

## **DPM REINSTATEMENT APPLICATION INSTRUCTIONS**

**If your West Virginia podiatric medical license expired on June 30, 2023, you are eligible to apply for reinstatement of licensure until June 30, 2024. Beginning July 1, 2024, you must apply for reactivation of licensure, which requires the submission of a reactivation application.**

### **IMPORTANT INFORMATION FOR ALL APPLICANTS**

By law, you **MUST** keep this office apprised of any and all address changes that occur during your registration period, including changes to your email address.

To **AVOID** delay in licensure reinstatement, or continued **EXPIRATION** of your podiatric medical license, answer each question legibly and accurately. Review the entire application to verify that each answer is correct and complete. Illegible or incomplete applications **will be returned**.

Provide complete information in each of your responses. If you answer "yes" to any of the professional practice, character and fitness questions, you must provide a written explanation for each "yes" response and produce all related documentation. Your application will be considered **INCOMPLETE** if you do not provide the required explanations and documentation.

Your personal certification of accuracy and your original, dated signature is required in three different places on this application. Please review your responses carefully and make sure that you have signed and dated the form in all of the required locations. Because your original signature is required, applications are not accepted via facsimile or email.

Please do not delegate completion of the reinstatement application to any other person. Completion of the reinstatement application is solely the responsibility of the applicant.

Please keep a copy of your complete application for your records.

Mail your completed application to:

**WEST VIRGINIA BOARD OF MEDICINE  
101 Dee Drive, Suite 103  
Charleston, WV 25311**

# **DPM REINSTATEMENT APPLICATION INSTRUCTIONS**

## **Instructions for reinstatement applicants seeking an ACTIVE status license:**

1. Complete the reinstatement application, selecting ACTIVE STATUS, and return it to the Board office. The ACTIVE STATUS application fee is \$600 (\$400 active renewal fee and \$200 reinstatement fee). Please do not include the \$600 fee with your application. The West Virginia Board of Medicine accepts online credit card payments for all fees. Upon receipt of your application, the Board will send payment instructions via email.
2. In association with the reinstatement application, you must submit documentation supporting successful completion of the required continuing podiatric education.
3. Complete, sign and date the continuing podiatric education certification and provide documentation supporting successful completion of the required CPE.
4. If you have prescribed or dispensed Schedule II, III, IV or V controlled substances pursuant to a West Virginia podiatric license since July 1, 2021, and have been registered with the West Virginia Controlled Substances Monitoring Database, you must submit a copy of your certificate of registration.

## **Instructions for reinstatement applicants seeking an INACTIVE status license:**

1. If you hold an INACTIVE STATUS license, you may not practice podiatric medicine in West Virginia. Any practice of podiatric medicine whatsoever, including the writing of prescriptions, is ACTIVE PRACTICE. Continuing podiatric education is required for both an active status and inactive status license.
2. Complete the reinstatement application, selecting INACTIVE STATUS, and return it to the Board office. The INACTIVE STATUS application fee is \$225 (\$150 inactive renewal fee and \$75 reinstatement fee). Please do not include the \$225 fee with your application. The West Virginia Board of Medicine accepts online credit card payments for all fees. Upon receipt of your application, the Board will send payment instructions via email.
3. Complete, sign and date the continuing podiatric education certification and provide documentation supporting successful completion of the required CPE.
4. If you have prescribed or dispensed Schedule II, III, IV or V controlled substances pursuant to a West Virginia medical license since July 1, 2021, and have been registered with the West Virginia Controlled Substances Monitoring Database, you will be required to submit a copy of your certificate of registration.

# Podiatric Physician License Reinstatement Application

(For the license period ending June 30, 2025)

Name: \_\_\_\_\_  
First Name Middle Name Last Name Suffix

License No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No.: XXX-XX-\_\_\_\_\_ Sex: \_\_\_\_\_

**Licensure Status** - Indicate your desired status for reinstating your license. You may not practice podiatric medicine in West Virginia unless your license status is active.

☐ **Active Status** (\$600.00 fee) ☐ **Inactive Status** (\$225.00 fee)

Please be advised that your contact information may be subject to release by the Board pursuant to a public records request.

**Preferred Contact Information** - Preferred contact information is the information that the Board will use to contact you. The Board may also contact you at any email address you provide. Your preferred contact address is publicly available on the West Virginia Board of Medicine website.

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

**Home Address** - Your home address is your principal place of residence and is a physical address. Please do not use a post office box as your home address.

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

**Primary Work Address** - Your primary work address is publicly available on the West Virginia Board of Medicine website.

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

**Secondary Work Address** (if applicable)

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Fax: \_\_\_\_\_

## Podiatric Physician License Reinstatement Application – Page 2

Name: \_\_\_\_\_

**Practice Information** - For the period of July 1, 2021 through today, please list each and every state and/or Canadian Province where you have been licensed, whether such license is currently active or not.

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**Current Hospital Privileges** - Please list all West Virginia hospitals where you currently have admitting privileges.

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☐ I do not currently have admitting privileges at any West Virginia hospital(s).

**Medical/Podiatric Corporation or Professional Limited Liability Company** - Please list each medical/podiatric corporation or professional limited liability company for which you are currently a shareholder, owner, member or partner.

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☐ I am not a shareholder, owner, member or partner of a medical/podiatric corporation or a professional limited liability company.

**Workforce Planning Data** - The Board is required by law to collect this data. If you are unsure of your retirement date, please provide your best estimate. The Board cannot process your application if you do not complete this section.

Will you be actively practicing podiatric medicine in West Virginia? ☐ Yes ☐ No

Anticipated date of retirement (year): \_\_\_\_ Percentage of time in direct services: \_\_\_\_ Percentage of time in administration: \_\_\_\_

**Specialty** - Enter the code for your specialty.

**Codes for self-designation of practice specialty / area of practice:**

**FOR** – Foot Orthopedics or Biomechanics

**PGR** – Podogeriatrics

**S** – Surgery

**GP** – General Practice

**PPD** – Podopediatrics

**OS** – Other Specialty

**PD** – Podiatric Dermatology

**ROE** – Roentgenology

**NS** – No Specialty

**Primary Specialty:** \_\_\_\_\_

**Secondary Specialty (if applicable):** \_\_\_\_\_

**Child Support** – The following certification is required by state law, and “making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.” W. Va. Code § 48-15-303. If you answer “yes” to any of the below questions, and if further information is needed, you will be notified.

I certify, under penalty of false swearing, that:

	Yes	No
1. I have a court ordered child support obligation.		
2. I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.		
3. I am the subject of a child support related subpoena or warrant.		

## Podiatric Physician License Reinstatement Application – Page 3

Name: \_\_\_\_\_

**Certification of Continuing Podiatric Education Compliance** – Include your CPE certificates and drug diversion training and best practice prescribing of controlled substances training certificate with your application. If the CPE is not included, you will not be eligible to reinstate.

**A. Mandatory Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training**  
**You must select one.**

☐ Between July 1, 2021 and today, I completed a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training through a course which has been approved by the West Virginia Board of Medicine. I attest that I have reviewed the list of Board approved courses on the Board's website, and that the course I took is on the list and was completed between July 1, 2021 and today.

**OR**

☐ I attest that during the period of July 1, 2021 through today, I did not and will not prescribe, administer, or dispense any controlled substance pursuant to a West Virginia license. I therefore request that the Board waive this CPE requirement.

**B. Other Continuing Podiatric Education for the Period of July 1, 2021 Through the Present**  
**You must select one.**

☐ I hereby attest that between July 1, 2021 and today, I have successfully completed a minimum of fifty (50) hours of continuing podiatric education satisfactory to the Board. All courses for which I claim credit have been approved by the APMA or Council on Podiatric Medical Education; were presented or sponsored by any of the podiatry colleges in the United States; are designated as Category I by the AMA or AAFP; or were presented or sponsored by the West Virginia Podiatric Medical Association. Thirty hours of courses for which I claim credit are within my designated area(s) of specialty. I understand that I cannot claim more than 20 hours of podiatric or medical teaching/preceptorship towards my 50-hour total. I understand that if I am ineligible for a waiver of the mandatory drug diversion training and best practice prescribing of controlled substances course, I can include that course in my 50-hour total.

**OR**

☐ I hereby attest that in addition to either completing the mandatory drug diversion training and best practice prescribing of controlled substances course or requesting a waiver of that requirement that:

a. Between July 1, 2021 and today, I have successfully completed one full year of graduate training approved by the Council on Podiatric Medical Education or the Colleges of Podiatric Medicine, and I can provide written verification from my program if requested by the Board; or

b. Between July 1, 2021 and today, I sat for and passed a certification or recertification examination of the American Board of Podiatric Medicine or the American Board of Foot and Ankle Surgery and received certification or recertification from the said board during the reporting period.

**Proof of Controlled Substance Monitoring Program Registration** – All podiatric physicians who prescribe or dispense Schedule II, III, IV and/or V controlled substances pursuant to a West Virginia license are required to show proof that they are registered with the West Virginia Controlled Substance Monitoring Program (CSMP). This is not the same as a DEA registration, and is obtained through the West Virginia Board of Pharmacy at <https://www.csappwv.com>.

**Please check the box that is applicable to you. You must select one.**

☐ I am currently registered with the CSMP, and the date of registration as it appears on my CSMP registration certificate is: \_\_\_\_/\_\_\_\_/\_\_\_\_\_. (mm/dd/yyyy)

☐ I am not currently registered with the CSMP, but I understand that if I intend to prescribe or dispense any Schedule II, III, IV and/or V controlled substances pursuant to my West Virginia podiatric license, I must be registered to access the WVCSP within 30 days of receipt of any podiatric license issued pursuant to this application.

**CPE and CSMP Attestation** – I hereby attest that I have provided a true and accurate certification of my continuing education and my CSMP registration status. I have enclosed either copies of certificates of CPE compliance, or other evidence of CPE compliance as described in the section above, and I have enclosed a copy of my CSMP registration if applicable, with application.

Original Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Podiatric Physician License Reinstatement Application – Page 4

Name: \_\_\_\_\_

**Professional Practice, Character and Fitness Questions – During the period of July 1, 2021 through today, have you, in any jurisdiction, for any reason:**

	Yes	No
1. been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to the practice of podiatric medicine, or for unethical conduct?		
2. been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>		
3. been charged with or convicted of a violation of the Controlled Substance Act or any other federal, state or local law pertaining to the manufacture, distribution, prescribing, or dispensing of controlled substances? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>		
4. had limitations, restrictions or conditions placed upon your license to practice by a medical/podiatric board, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a medical/podiatric board, and/or are any disciplinary actions pending against you?		
5. voluntarily surrendered (not expired) to a medical/podiatric board or limited your podiatric license with a medical/podiatric board?		
6. had any hospital privileges, and/or postgraduate training, limited, restricted, suspended, revoked, or subjected to any kind of disciplinary action, including censure, reprimand or probation? <u>If your answer is yes, you must have the facility submit directly to the Board prior to reinstatement of your license all documentation related to your answer.</u>		
7. voluntarily resigned from any medical/podiatric staff or voluntarily limited such staff privileges while under investigation by any health care institution or committee thereof or prior to any final decision by a hospital or health care facility's governing board?		
8. been denied the right to take an examination for licensure in any state or been ejected from any podiatric examination?		
9. been denied a license to practice podiatric medicine?		
10. had your DEA registration restricted or removed?		
11. been convicted of Medicare or Medicaid fraud, and/or received any sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal or state government?		
12. had any judgments or settlements arising from medical professional liability rendered or made against you between July 1, 2021 to present? For each medical professional liability settlement or judgment you report, please provide: (1) the name of the patient(s) alleging medical professional liability; (2) the date of loss; (3) the date of settlement or judgment; (4) the amount of the settlement or judgement against you; (5) the name of the insurance company providing coverage to you with respect to this claim; and (6) a brief description of the allegations and a summary of the care provided. Your application is incomplete until all of the requested information is submitted for each settlement and/or judgment.		
13. been addicted to, or received treatment for the use or misuse of, prescription drugs and/or illegal chemical substances, or been dependent upon alcohol or received treatment for alcohol dependency? (You may answer “no” if you are a participant in a written voluntary agreement with the West Virginia Medical Professionals Health Program, Inc., the West Virginia Board of Medicine designated physician health program.) <u>If you answer yes and have gone through a rehabilitation program during the time frame designated above, you MUST have that program furnish this Board a report of your treatment and progress by the renewal deadline.</u>		
14. had any interruption in your practice of podiatric medicine which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the podiatric profession in a manner consistent with standards of conduct for the podiatric profession?		
15. had anything occur which might reasonably be expected by an objective person to currently impair your ability to carry out the duties and responsibilities of the podiatric profession in a manner consistent with the standards of conduct for the podiatric profession?		

**Professional Practice, Character and Fitness Attestation** – All of my responses to the questions on this page are truthful and complete. If I have “yes” responses, I have enclosed written explanations, with my original dated signature for each question, and I have enclosed or caused to be submitted all requested supporting documentation.

Original Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Podiatric Physician License Reinstatement Application – Page 5

**Name:** \_\_\_\_\_

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### Application Certification

I understand that as the applicant, I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided, including all information regarding my practice since July 1, 2021, and my certification of successful completion of all required continuing podiatric education.

I understand that prior to dispensing or administering any controlled substances, including free samples, in an office-based setting I must be registered with the Board as a controlled substance dispensing practitioner for each of my controlled substance dispensing locations.

I have carefully read and understood all the questions included on each page of this reinstatement application and have answered all the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct.

I understand that any license issued based upon this reinstatement application is based on the truth of the statements contained herein. Should I furnish false or misleading information in this reinstatement application, I hereby agree and understand that any such act shall constitute good cause for disciplinary action and/or the subsequent revocation of licensure.

I understand that regardless of the date of my signatures, all statements in this reinstatement application relate to the entire period of July 1, 2021 to the present. If, after I provide my signature and prior to reinstatement of licensure, any answer should change for any reason, I have a duty to notify the Board and amend my reinstatement application.

**Original Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# WEST VIRGINIA BOARD OF MEDICINE 2023 REINSTATEMENT APPLICATION

## CODES FOR SELF-DESIGNATION OF PRACTICE SPECIALTY/ AREAS OF PRACTICE

AR	Abdominal Radiology	ES	Endovascular Surgical Neuroradiology (Neurological Surgery)	NPM	Neonatal-Perinatal Medicine	PSP	Plastic Surgery within the Head & Neck (Plastic Surgery)
AS	Abdominal Surgery	ENR	Endovascular Surgical Neuroradiology (Neurology)	NEP	Nephrology	GPM	General Preventive Medicine
ADM	Addiction Medicine	EP	Epidemiology	NDP	Neurodevelopmental Disabilities (Pediatrics)	PRD	Procedural Dermatology
ADP	Addiction Psychiatry	EPL	Epilepsy	NDN	Neurodevelopmental Disabilities (Psychiatry & Neurology)	PRO	Proctology
AMF	Adolescent Medicine (Family Medicine)	FPS	Facial Plastic Surgery	N	Neurology	P	Psychiatry
AMI	Adolescent Medicine (Internal Medicine)	FM	Family Medicine	NS	Neurological Surgery	PYA	Psychoanalysis
ADL	Adolescent Medicine (Pediatrics)	UPR	Female Pelvic Medicine (Urology)	NMN	Neuromuscular Medicine (Neurology)	PYM	Psychosomatic Medicine
ACA	Adult Cardiothoracic Anesthesiology (Anesthesiology)	FPR	Female Pelvic Medicine & Reconstructive Surgery (Obstetrics & Gynecology)	NMP	Neuromuscular Medicine (Physical Medicine & Rehabilitation)	PHP	Public Health and General Preventive Medicine
CHD	Adult Congenital Heart Disease	FOP	Forensic Pathology	NP	Neuropathology	PCC	Pulmonary Critical Care Medicine
OAR	Adult Reconstructive Orthopedics	PFP	Forensic Psychiatry	RNR	Neuroradiology	PUD	Pulmonary Disease
AHF	Advanced Heart Failure & Transplant Cardiology (Internal Medicine)	GE	Gastroenterology	NUP	Neuropneumatology	RO	Radiation Oncology
AM	Aerospace Medicine	GP	General Practice	NO	Neurotology (Otolaryngology)	RP	Radiological Physics
A	Allergy	GS	General Surgery	NC	Nuclear Cardiology	R	Radiology
AI	Allergy & Immunology	FPG	Geriatric Medicine (Family Medicine)	NM	Nuclear Medicine	REN	Reproductive Endocrinology and Infertility
PTH	Anatomic/Clinical Pathology	IMG	Geriatric Medicine (Internal Medicine)	NR	Nuclear Radiology	RHU	Rheumatology
ATP	Anatomic Pathology	IMG	Geriatric Medicine (Internal Medicine)	NTR	Nutrition	SP	Selective Pathology
AN	Anesthesiology	PYG	Geriatric Psychiatry	OAN	Obstetric Anesthesiology (Anesthesiology)	SME	Sleep Medicine
BBK	Blood Banking/Transfusion Medicine	GYN	Gynecology	OBS	Obstetrics	SMA	Sleep Medicine (Anesthesiology)
BIN	Brain Injury Medicine (Neurology)	GO	Gynecological Oncology	OBG	Obstetrics & Gynecology	SMI	Sleep Medicine (Internal Medicine)
BIP	Brain Injury Medicine (Physical Medicine & Rehabilitation)	HS	Hand Surgery	OM	Occupational Medicine	SMP	Sleep Medicine (Pediatrics)
CTR	Cardiothoracic Radiology	HNS	Head & Neck Surgery	OPR	Ophthalmic Plastic and Reconstructive Surgery (Ophthalmology)	SMN	Sleep Medicine (Psychiatry & Neurology)
CD	Cardiovascular Disease	HEM	Hematology (Internal Medicine)	OPH	Ophthalmology	SCI	Spinal Cord Injury Medicine
PCH	Chemical Pathology	HMP	Hematology (Pathology)	OMF	Oral & Maxillofacial Surgery	ESM	Sports Medicine (Emergency Medicine)
CAP	Child Abuse Pediatrics	HO	Hematology/Oncology	ORS	Orthopedic Surgery	FSM	Sports Medicine (Family Medicine)
CHP	Child and Adolescent Psychiatry	HEP	Hepatology	OSS	Orthopedic Surgery of the Spine	ISM	Sports Medicine (Internal Medicine)
CHN	Child Neurology	HPM	Hospice & Palliative Medicine	OTR	Orthopedic Trauma	OSM	Sports Medicine (Orthopedic Surgery)
CBG	Clinical Biochemical Genetics	HPA	Hospice & Palliative Medicine (Anesthesiology)	OMM	Osteopathic Manipulative Medicine	PSM	Sports Medicine (Pediatrics)
ICE	Clinical Cardiac Electrophysiology	HPE	Hospice & Palliative Medicine (Emergency Medicine)	OFA	Foot and Ankle, Orthopedics	PRS	Sports Medicine (Physical Medicine & Rehabilitation)
CCG	Clinical Cytogenetics	HPF	Hospice & Palliative Medicine (Family Medicine)	OTO	Otolaryngology	CCS	Surgical Critical Care (Surgery)
CG	Clinical Genetics	HPI	Hospice & Palliative Medicine (Internal Medicine)	PME	Pain Management	HSO	Surgery of the Hand (Orthopedics)
CIP	Clinical Informatics (Pathology)	HPO	Hospice & Palliative Medicine (Obstetrics & Gynecology)	PMM	Pain Medicine	HSP	Surgery of the Hand (Plastic Surgery)
CIM	Clinical Informatics (Preventive Medicine)	HPP	Hospice & Palliative Medicine (Pediatrics)	APM	Pain Medicine (Anesthesiology)	HSS	Surgery of the Hand (Surgery)
DDL	Clinical and Laboratory Dermatological Immunology	HPD	Hospice & Palliative Medicine (Radiology)	PMN	Pain Medicine (Neurology)	SO	Surgical Oncology
ILI	Clinical and Laboratory Immunology (Internal Medicine)	HPS	Hospice & Palliative Medicine (Surgery)	PMP	Pain Medicine (Physical Medicine & Rehabilitation)	TS	Thoracic Surgery
PLI	Clinical and Laboratory Immunology (Pediatrics)	HOS	Hospitalist	PPN	Pain Medicine (Psychiatry)	TRS	Trauma Surgery
ALI	Clinical and Laboratory Immunology (Allergy & Immunology)	IG	Immunology	PLM	Palliative Medicine	THP	Transplant Hepatology (Internal Medicine)
CMG	Clinical Molecular Genetics	PIP	Immunopathology	PDA	Pediatric Allergy	TTS	Transplant Surgery
CN	Clinical Neurophysiology	ID	Infectious Disease	PAN	Pediatric Anesthesiology (Anesthesiology)	UME	Undersea & Hyperbaric Medicine (Emergency Medicine)
CLP	Clinical Pathology	IM	Internal Medicine	PDC	Pediatric Cardiology	UM	Undersea & Hyperbaric Medicine (Preventive Medicine)
PA	Clinical Pharmacology	MPD	Internal Medicine/Pediatrics	PCS	Pediatric Cardiothoracic Surgery	UCM	Urgent Care Medicine
CRS	Colon & Rectal Surgery	IC	Interventional Cardiology	CCP	Pediatric Critical Care Medicine	U	Urology
CHS	Congenital Cardiac Surgery (Thoracic Surgery)	LM	Legal Medicine	PDD	Pediatric Dermatology	VIR	Vascular and Interventional Radiology
CS	Cosmetic Surgery	MFM	Maternal & Fetal Medicine	PE	Pediatric Emergency Medicine (Emergency Medicine)	VM	Vascular Medicine
CFS	Craniofacial Surgery	MBG	Medical Biochemical Genetics	PDE	Pediatric Endocrinology	VN	Vascular Neurology
CCA	Critical Care Medicine (Anesthesiology)	MG	Medical Genetics	PG	Pediatric Gastroenterology	VS	Vascular Surgery
CCE	Critical Care Medicine (Emergency Medicine)	MDM	Medical Management	PHO	Pediatric Hematology/Oncology	In addition to the above, the following specialty designations are also used:	
CCM	Critical Care Medicine (Internal Medicine)	MM	Medical Microbiology	PDI	Pediatric Infectious Disease		
OCC	Critical Care Medicine (Obstetrics & Gynecology)	ON	Medical Oncology	PN	Pediatric Nephrology	OS	Other (i.e., a specialty other than those appearing above)
ASO	Complex General Surgical Oncology (Surgery)	MDP	Medical Physics	PO	Pediatric Ophthalmology	US	Unspecified
PCP	Cytopathology	ETX	Medical Toxicology (Emergency Medicine)	OP	Pediatric Orthopedics		
D	Dermatology	PDT	Medical Toxicology (Pediatrics)	PDO	Pediatric Otolaryngology		
DMP	Dermatopathology	PTX	Medical Toxicology (Preventive Medicine)	PP	Pediatric Pathology		
DS	Dermatologic Surgery	MGG	Molecular Genetic Pathology (Medical Genetics)	PDP	Pediatric Pulmonology		
DBP	Developmental-Behavioral Pediatrics	MGP	Molecular Genetic Pathology (Pathology)	PDR	Pediatric Radiology		
DIA	Diabetes	OMO	Musculoskeletal Oncology	RPM	Pediatric Rehabilitation Medicine		
DR	Diagnostic Radiology	MSR	Musculoskeletal Radiology	PPR	Pediatric Rheumatology		
EMS	Emergency Medical Services			NSP	Pediatric Surgery (Neurology)		
EM	Emergency Medicine			PDS	Pediatric Surgery (Surgery)		
END	Endocrinology, Diabetes and Metabolism			PTP	Pediatric Transplant Hepatology (Pediatrics)		
ESN	Endovascular Surgical Neuroradiology (Radiology)			UP	Pediatric Urology		
				PD	Pediatrics		
				PHM	Pharmaceutical Medicine		
				PHL	Phlebology		
				PM	Physical Medicine & Rehabilitation		
				PS	Plastic Surgery		
				PSH	Plastic Surgery within the Head & Neck		
				PSO	Plastic Surgery within the Head & Neck (Otolaryngology)		