

IDAHO BOARD OF PODIATRY
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Boise, ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: pod@dopl.idaho.gov

APPLICATION INSTRUCTIONS FOR IDAHO PODIATRY LICENSE

This form is to be used by all applicants applying for a license to practice podiatric medicine in the State of Idaho. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. Incomplete applications will be delayed. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

CHECKLIST FOR APPLICATION BY EXAMINATION/ORIGINAL LICENSE: Please keep a copy of this application for your records.

- Certified National Board results.
- Unmounted passport photograph taken not more than one (1) year prior.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Official transcripts of all colleges attended sent directly to this office from the issuing authority.
- Certified photostatic copy of Podiatric college diploma.
- Certification of completion of a residency of no less than twenty-four (24) months, a minimum of twelve (12) months of which must be surgical. (Note: Rule 401 waives the residency requirement for those who are applying by endorsement who graduated from school prior to 1993.)
- Reference(s) of good moral character.
- Required fees.

CHECKLIST FOR APPLICATION BY ENDORSEMENT: Please keep a copy of this application for your records.

Additional credentials to be filed by all endorsement applicants:

- Verification of licensure sent directly from the state(s) issuing authority of having practiced podiatry for three (3) of the last five (5) years.
- Documentation of at least fifteen (15) hours of continuing education within the last twelve months.

	FEES	
APPLICATION FEE		\$ 200.00
ORIGINAL LICENSE FEE		\$ 200.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-603, you must be licensed to practice. The Board Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

APPLICATION FOR IDAHO PODIATRY LICENSE

(continued)

13. Have you ever been denied, or voluntarily surrendered a license to practice podiatry or any other health care profession in this or any other state or jurisdiction? () Yes () No

(If yes, please attach a detailed personal statement, a summary of the charges, the final order, and any other relevant information.)

14. Have you ever been convicted of a felony or misdemeanor? () Yes () No

(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

15. Have you ever had a license to practice podiatry or any other care profession revoked, suspended, or otherwise disciplined in this or any other state or jurisdiction? () Yes () No

(If yes, please attach a detailed personal statement, a summary of the charges, the final order, and any other relevant information.)

16. Have you ever had any action taken by a peer review body, healthcare facility, insurance entities or professional medical society or association limiting your practice privileges or of a probationary nature? () Yes () No

(If yes, please attach a detailed personal statement, a summary of the charges, the final order, and any other relevant information.)

17. Are you currently addicted to or dependent upon any drugs or alcohol? () Yes () No

If you answered Yes to questions 13, 14, 15, 16, or 17 attach a separate sheet with detailed information regarding each Yes response. Please include a copy of the charges and final order, any probation or parole documentation, and other information that may be relevant.

APPLICANT'S AFFIDAVIT

I, _____, hereby certify under oath, that I am twenty one years of age and; that I am the person named in this application for a license to practice podiatry in the state of Idaho and; that all statements herein are made as a basis of consideration for the Idaho State Board of Podiatry to accept and consider as facts which concern my moral character, pre-professional and professional history and physical qualifications for the rights and privileges of a license to practice podiatry in the State of Idaho, all of which are true and correct and; I shall conform to the Code of Ethics of the Idaho Association of Podiatrists, the National Association of Podiatrists, the Rules and Regulations of the Idaho State Board of Podiatry and the laws of the State of Idaho and; to refrain from unethical, immoral or unprofessional conduct in my practice and; I shall not by any method or deceptive means make use of misrepresentations, misleading or untruthful statements to the public or my patients, on my professional cards, stationery, directories or any other medium and; I hereby agree that the violation of this pledge or any of the provisions of the Podiatry Practice Act of Idaho shall constitute cause sufficient for suspension, cancellation or revocation of the license granted to me and; I hereby authorize and grant the Idaho State Board of Podiatry the withdrawal of all the rights and privileges accrued to me there under.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 20____

-SEAL-

Notary Public Official Signature
My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

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GOOD MORAL CHARACTER REFERENCE FORM

APPLICANT: The Idaho Podiatry Board requires an application for licensure to include proof of good moral character. (Please note, you may duplicate this form)

1. Your Name: _____

REFERENCE: Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

2. Your Name: _____

3. How long have you known the candidate? _____

4. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague Teacher Supervisor Personal acquaintance Other _____

5. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: From _____ To _____, AND the candidate's title/position _____, AND
MM/DD/YY MM/DD/YY
the name of the organization _____

6. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of Podiatry? () Yes () No
(If No, please explain on a separate sheet)

8. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Podiatrist? () Yes () No
If Yes, please explain: _____

Signature of Person Completing Reference Form

Date

Phone Number