

## BOARD OF PODIATRY NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT

**To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:**

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you <b>do not have</b> social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (if applicable)</b>		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Three (3) Podiatry Professional Reference Form</b>		
The District of Columbia Board of Podiatry evaluates the qualifications of applicants for licensure to practice as podiatrist in the District of Columbia. Submit three (3) individual Podiatry Professional Reference Forms: <a href="#">Podiatry Professional Reference Form</a>	<b>ONLINE</b>	<input type="checkbox"/>

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<b>8. Official Podiatry School Transcript</b>		
<p>Transcript showing proof of being awarded a degree of Doctor of Podiatric Medicine should be provided in a sealed envelope from the issuing institution the applicant attended <b>OR</b> sent electronically via email from issuing institution/issuing body.</p> <ul style="list-style-type: none"> <li>▪ <b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board (<a href="mailto:dcbopod@dc.gov">dcbopod@dc.gov</a>) via their secure electronic network or mail it to the DC Board of Podiatry, 899 North Capitol Street, NE, 1<sup>st</sup> Floor, Washington, DC 20002.</li> </ul>	<b>E-MAIL or MAIL</b> (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>
<b>9. Examination Scores</b>		
<p>Examination scores must be transferred from the examining body. This can be submitted electronically directly from the National Board of Podiatric Medicine Examiners (NBPME) to the Board (<a href="mailto:dcbopod@dc.gov">dcbopod@dc.gov</a>). To qualify for a license by examination, an applicant shall pass the NBPME Parts One (1), Two (2), and *Three (3). *Part Three (3)-Passing score of 75 or above.</p>	<b>E-MAIL</b> (Directly from NBPME)	<input type="checkbox"/>
<b>10. Proof of Completion of Residency Program</b>		
<p>An <b>official letter of completion</b> of a Residency Program will be considered official and acceptable, only if it's submitted <b>directly from the applicants identified Residency Directors Office.</b></p>	<b>E-MAIL or MAIL</b> (Preferably via E-Mail and must come directly from the school/issuing institution)	<input type="checkbox"/>
<b>11. Copy of Residency Certificate</b>		
<p>An applicant who submits an application for a license shall complete two (2) years of post-graduate clinical training in a residency program approved by the Council on Podiatric Medical Education (CPME), or its successor.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>12. Copy of Cardiopulmonary Resuscitation Certification (CPR)</b>		
<p>An applicant for licensure shall be certified in CPR.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>13. Criminal Background Check (CBC)</b>		
<p>CBC is completed at the time you submit your online application. A \$50 payment must be paid via online with the application. The applicant will receive an email with a code to schedule a fingerprint appointment.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>14. Verification(s) of Licensure (Endorsement Applicants Only)</b>		
<p>Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have <b>EVER</b> held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered "<b>primary source verified</b>" by the jurisdiction in question.</p>	<b>E-MAIL or MAIL</b> (Preferably via E-Mail and must come directly from Licensing Boards)	<input type="checkbox"/>

<b>15. Screening Question Responses</b>		
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “YES” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “YES” answer. Applicants must also submit any and all relevant documents related to the reason for the “YES” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc.)	<b>ONLINE</b>	<input type="checkbox"/>
<b>16. National Practitioner Databank (NPDB) Self Query Report (Endorsement Applicants Only)</b>		
The Self-Query Report must be requested from the NBPD ( <a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a> ) no more than thirty (30) days prior to submission of the application.	<b>ONLINE</b>	<input type="checkbox"/>

**Board Mailing Address:**  
Board of Podiatry  
899 North Capitol St. NE  
First Floor  
Washington, DC 20002

**Board Email Address:** [dcbopod@dc.gov](mailto:dcbopod@dc.gov)