DEPARTAMENTO DE
SALUD
GOBIERNO DE PUERTO RICO

SECRETARÍA AUXILIAR PARA LA REGULACIÓN
DE LA SALUD PÚBLICA
División de Licenciamiento de Médicos y
Profesionales de la Salud
Junta Examinadora de Médicos Podiatras de Puerto Rico

APPLICATION FOR LICENSE TO PRACTICE PODIATRIC MEDICINE IN PUERTO RICO

Warning: Any false statement, knowingly made by the applicant or convened by him in any clause in this application, shall be enough cause for rejection or revocation of license after it has been granted.

I hereby make this application for an examination to obtain a license to practice Podiatric Medicine in Puerto Rico, and submit the following statements under oath:

_____ Examination **_____ Endorsement**

FULL NAME: _____
Last Name **Second Last Name** **Name** **Initial**

PHYSICAL ADDRESS: _____

_____

POSTAL ADDRESS:
_____

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
(mm/dd/yyyy)

SECURELY PASTE A PASSPORT-TYPE

PHOTOGRAPH IN THIS SPACE

AFFIDAVIT

State or of (territory) _____ country of (or city) _____,

I, _____ being duly sworn, state that I am the person referred to in this application that the statements here in contained are true in every respect, that the attached photograph is true likeness of myself taken within the last six (6) months.

_____
Signature of Applicant

Subscribe and sworn before me this _____ day of _____ Witness my hand and seal here unto attached. My commission expires on _____.

AFFIDAVIT NUM: _____

Notarial Seal

_____
Signature of Public Notary

PO Box 10200, San Juan, PR 00908-0200 | 787-999-8989 ext. 6525 | crysti.puente@salud.pr.gov

PERSONAL INFORMATION OF THE APPLICANT

1. Has your name ever been changed? YES _____ NO _____.
If so, give date place of such change: _____

Original name: _____

2. Date of birth: _____ Age: _____ Place of birth: _____

3. Are you a citizen of the United States? YES _____ NO _____.
If naturalized, give date and place of naturalization: _____

4. Have you ever practiced Podiatric Medicine illegally? YES _____ NO _____.

5. Have you ever been convicted of, or indicted for, any crime? YES _____ NO _____.
If yes, explain: _____

_____

6. Have you read carefully and fully understand the laws containing the information and rules governing the examination? YES _____ NO _____.

7. List all jurisdictions in which you have been issued a license to practice Chiropractic: active, inactive or expired. Indicate number and date issued:

a) State: _____ License #: _____ Date issued: _____

b) State: _____ License #: _____ Date issued: _____

c) State: _____ License #: _____ Date issued: _____

8. Are you free from contagious disease provide a Recent History of Physical Examination?
YES _____ NO _____.

I hereby expressly waive all envisions of law forbidding any physician or other person who has attended or examined me, or who hereafter attend or examine me from disclosing any knowledge or information which he thereby acquired, and I hereby consent that he may disclose such knowledge or information to the Puerto Rico Board of Podiatry Medical Examiners.

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HIGH SCHOOL EDUCATION OF THE APPLICANT

I was graduated from the _____ High School on the _____ day of_____, _____.

I have, High School Diploma issued on _____, _____ by the commissioner of education or the Superintendent of Public Instruction of the State or Territory of _____.

COLLEGE OR UNIVERSITY EDUCATION

Name And Location of School Attended	Period of Attendance (For example, October 1983 to May 1984)
1st Year _____	_____
2nd Year _____	_____
3rd Year _____	_____
4th Year _____	_____

I have credits for _____ of College work.
No, of Mayor, Semester-Hour or Clock Hours

I received the degree of _____

From _____ on the day of _____.
(College or University)

(In addition to the above the applicant is required to furnish a transcript from the College or University records with subject and grades, to be sent directly to the Secretary of the Board.)

EDUCATION IN PODIATRIC MEDICINE

I attended_____ full courses lectures as follows at _____ from the _____ day of _____, _____ to the_____ day of _____, _____ at _____.

(Name College)

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I attended_____ full courses lectures as follows at _____ from the _____ day of _____, _____ to the_____ day of _____, _____ at _____.

(Name College)

(In addition to the above applicant must have his record I.E., subject and grade, certified by the register of the college and sent directly to the Secretary of the Board).

TO BE COMPLETED BY THE PUERTO RICO BOARD OF PODIATRIC MEDICINE EXAMINERS
(Please don't write in these spaces)

DATE APPLICATION RECEIVED: _____

_____ **APPLICANTION APPROVED** _____ **APPLICATION DENIED**

COMMENTS:

_____

_____

_____

APPLICATION EVALUATED BY:

_____
President
Lic. Number: _____

_____
Member
Lic. Number: _____

_____
Vice President
Lic. Number: _____

Date: _____

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CERTIFICATE OF GOOD MORAL CHARACTER OF APPLICANT FOR EXAMINATION (SIGNED BY TWO LICENSED AND REGISTERED PODIATRISTS IN GOOD STANDING IN PUERTO RICO)

This certifies that I have been personally acquainted with _____

for _____ years, that I know _____

to be of good moral character, and hereby recommend to the Board of Podiatry Medical Examiners of Puerto Rico as entirely worthy of examination for a license to practice Podiatry Medicine of Puerto Rico Pursuant to Law.

_____ _____
SIGNATURE OF AFFIANT **LICENSE NO.**

_____ _____
PHONE NUMBER

_____ _____
ADDRESS **EMAIL**

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for _____ years, that I know _____

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_____ _____
ADDRESS **EMAIL**

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REQUIREMENTS TO PRESENT WITH THIS APPLICATION

Documents must be presented all at once. Official transcripts must be sent directly by educational or examining institutions by postal service to the postal address in this application.

1. **Official** application for examination duly fulfilled **(from page 1 to page 5)** with all requirements included.

2. **Original and copy** of the Birth Certificate. **(PR Law NO. 191-2009)**

3. **Original and copy of valid unexpired identification** (driver's license or state identification card). Provide evidence of U.S. Citizenship, if applicable (Passport, Visa, or proof of Alien Status).

4. **Original** Certificate of Penal Record from your State Police or State Law Enforcement Agency where you have been living during the last five (5) years. **The document must have been issued no more than thirty (30) days prior submission.**

5. **Official** transcript sealed and unopened from the university or college where you completed your bachelor's degree.

6. **Original and copy** of diploma issued by a School of Podiatric medicine recognized by the Examining Board:

   a) Temple University of Podiatric Medicine
   b) Samuel Merritt University of Podiatric Medicine
   c) Dr. William M. Scholl of Podiatric Medicine
   d) New York College of Podiatric Medicine
   e) Kent State University of Podiatric Medicine
   f) Des Moines University of Podiatric Medicine and Surgery
   g) Western University of Health Science.
   h) Barry University School of Podiatric Medicine
   i) Midwestern University of Podiatric Medicine

7. **Official** transcript sealed and unopened from the School of Podiatry.

8. **Official** sealed and unopened National Board of Podiatric Medicine (NBPM) transcript of parts I and II.

9. **Official** evidence of the Residence year accredited by the Council of Education of Podiatric Medicine.

10. **Original and copy** of a valid professional license to practice Podiatric Medicine from the state in which the licenses were issued. **(Applicable for endorsement)**

11. Postal or Bank Money order, ATH, VISA, MASTERCARD, or certified check for the amount of **$150.00** (US Currency) payable to the Secretary of Treasury of Puerto Rico. **(Fee is non-refundable).**

12. One (1) envelope with post stamps and your postal address.

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13. Application **must** be submitted personally or by postal mail to the following address:

PUERTO RICO BOARD OF PODIATRIC MEDICINE
PO BOX 10200
SAN JUAN, P.R. 00908-0200

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
THE PUERTO RICO BOARD OF PODIATRY MEDICAL EXAMINERS RESERVES THE RIGHT TO REQUEST ANY OTHER DOCUMENT THAT DEEMS PERTINENT.