

PUERTO RICO BOARD OF PODIATRY MEDICAL EXAMINERS

APPLICATION FOR LICENSE TO PRACTICE PODIATRIC MEDICINE IN PUERTO RICO

Warning: Any false statement knowingly made by the applicant or conveyed at 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 application for an examination to obtain a license to practice Podiatric Medicine in Puerto Rico, and submit the following statements under oath:

APPLICANT'S NAME: _____
Last Name mother's last name Name initial

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONES: _____
Residential Work Cellular Other

EMAIL: _____ BIRTH DATE: _____
MONTH / DAY / YEAR

AFFIDAVIT



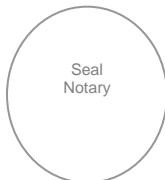
State or territory of _____
Country or City of _____
APPLICANT'S FULL NAME

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 a true likeness of myself taken within the last six month.

Signature of Applicant

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

AFFIDÁVIT NUM.: _____



Signature of Notary Public

THE APPLICANT MUST GIVE FULL ANSWER TO THE FOLLOWING:

1. The answer to this Applicant may be sent to _____.
2. Are you a citizen of the United States? _____ If naturalized, give date and place of naturalization _____.
3. Has your surname ever been changed? _____ If so, give date and place of such change _____ Give original surname _____.
4. Have you ever practiced Podiatric Medicine illegally? _____ Have you ever been convicted of, or indicted for, any crime? _____.
5. If so, State facts in the case here or on separate sheet and attach _____
6. Have you read carefully and fully understand the laws containing the information and rules governing the examination? Answer Yes o No _____.
7. Are you free from contagious disease provide a Recent History of Physical Examination _____.

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.

HIGH SCHOOL EDUCATION NAME AND LOCATION OF SCHOOL ATTENDED

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	_____	_____
2 nd Year	_____	_____
3 rd Year	_____	_____
4 th Year	_____	_____

I have credits for _____ of College work.

No, of Major, 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)

From the _____ day of _____, _____ to the
 _____ day of _____, _____, at _____

From the _____ day of _____, _____

(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).

This application is approved for examination:

Date _____

President _____

Member _____

Member _____

This application has been rejected:

Date _____

President _____

Member _____

**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)

ADDRESS

License No.

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)

ADDRESS

License No.

EXAMINING BOARD OF PODIATRIC DOCTORS REQUIREMENTS

1. Fill all information on Application Form.
2. Official certificate of Penal Record or from the place you have lived during The last five years.
3. Official Birth certificate
4. Copy of the 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
5. Official School Record Transcript of the bachelor's degree
(send directly from the School to the Board).
6. Official Transcript from the School of Podiatry (send directly from The School to the Board)
7. Official results from the National Board test (Part I and II)
8. Official evidence of the Residence year accredited by the Council of Education Of Podiatric Medicine send directly from the institution.
9. A Money Order or certified check payable to the Secretary of the Treasury of Puerto Rico for \$ 75.00 dollars as test and license fee. Fee (non-refundable)

NOTE: This application cannot be processed until the candidate has submitted ALL the evidence that it requires. The Puerto Rico Board of Podiatry Medical Examiners reserves the right to request any other document that it deems pertinent.