

APPLICATION FOR ORIGINAL LICENSE —PODIATRIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Podiatrist in this state without an active Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

- ▶ **Please Note:** Applications are processed in the order they are received. The Board must conduct a thorough evaluation of each application it receives. This process takes time. For something as important as a podiatrist license, two months lead-time is not unreasonable.

Basic Requirements. Requirements for licensure are outlined in the Podiatrists Practice Act, the Board's rules, and the Board's policies. The Practice Act and complete rules and policies are available online at www.dora.state.co.us/podiatrists.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Be sure to keep a copy of the completed application for your records.

Application Good for One Year. Your application will be kept on file for one year from date of receipt. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required: Effective January 1, 2009, a Social Security Number is required for all licensees who are physically present in the United States. The Division will deem an application to be incomplete when the applicant is a United States resident and fails to submit his/her social security number. The Division will accept sworn affidavits in lieu of social security numbers from foreign nationals not physically present in the United States. You may call 303-894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

Name Change Documentation. If your name has changed since you obtained a previously issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e. divorce decree, marriage license, or court order).

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between February 1, 2009 and May 31, 2009 will reflect a license expiration date of May 31, 2010. Licenses issued prior to February 1, 2009 will reflect an expiration date of May 31, 2009 and must renew in the upcoming renewal period.

- ▶ All Podiatrist licenses expire on May 31 each year and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at: www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

Application Approval. If an application does not have issues requiring Board review, it may be administratively approved upon completion. **An application that requires more extensive Board review – such as those where an applicant has answered “YES” to any of the screening questions – will be reviewed at a Board meeting and must adhere to Board meeting deadlines.** The current list of application deadline dates can be found on the Board's website: www.dora.state.co.us/podiatrists/applicationdates.htm.

APPLICANT CHECKLIST

To apply for a Podiatrist Original License, you must:

- Submit a completed Application for Original License.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application-processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility Form.** Effective January 1, 2007, and pursuant to CRS 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e. divorce decree, marriage license, or court order).
- Submit a legible copy of your driver's license, birth certificate, or U.S. passport.**
- Submit a copy of current CPR certification.**
- Provide verification of successful passage of basic science examination administered by the National Board of Podiatric Examiners (Parts 1 & 2).** This requirement does not apply if your first license was issued prior to 1970.
- Provide verification of successful passage of the PMLEXIS examination (Part 3).**
- Submit a completed Report of Practice History form (Form POD6 attached).**
 - ▶ Include all work history in chronological order since completion of podiatric school, including all internship, residency, and fellowship training programs and non-medical employment.
 - If you are licensed in another state, you must verify at least 20 hours of practice per week for the last five years.
 - ▶ Request original letters of reference for the last five (5) years. Letters must be provided directly to the Board from the original source on letterhead, with dates listed as month/year.
- Complete an Online Self-Query for the National Practitioner's Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB) and submit the results.**
 - ▶ For instructions, contact NPDB-HIPDB at www.npdb-hipdb.com, or by phone at 1-800-767-6732.
 - ▶ Upon receipt of the results, send both reports (NPDB-HIPDB) directly to this office.
- Provide proof of Colorado malpractice insurance or letter of exemption.** [Refer to attached instructions.](#)

If you are a recent graduate applying for your original license and are not licensed in another state, you must also:

- Provide official transcript in a sealed envelope from the school where you received your training, which verifies the following:**
 - ▶ Successful graduation from Board-approved school of podiatry; and
 - ▶ Successful completion of a two-year pre-podiatry program.
- Provide verification of successful completion of at least a one-year approved residency training program in a hospital conforming to the minimum standards of residency training (Form POD3 attached).**

(checklist continued on next page)

**If you are licensed in another state
and are applying for a license by endorsement, you must also:**

- Provide official transcript in a sealed envelope from the school where you received your training, which verifies successful graduation from Board-approved school of podiatry.**
- Request to have original license verification from each licensing agency of all jurisdictions where you have ever been licensed to practice podiatry sent directly to this office.**
 - ▶ Contact each jurisdiction to determine if there is a fee for license verification.
 - ▶ Include educational or temporary permits.
- Verify at least 20 hours of practice per week for the last five years on your completed Report of Practice History form (Form POD6 attached).**
- If you were originally licensed after March 23, 2001, you must also provide verification of successful completion of at least a one-year approved residency training program in a hospital conforming to the minimum standards of residency training (Form POD3 attached).**

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Podiatry
1560 Broadway, Suite 1350
Denver, CO 80202

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES**Division of Registrations**

1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-7800
Fax (303) 894-7693
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/registrations

Department of Regulatory Agencies

D. Rico Munn
Executive Director

Division of Registrations

Rosemary McCool
Director



Bill Ritter, Jr.
Governor

Dear Applicant:

Thank you for your interest in becoming a licensed professional within the Division of Registrations. Before you submit your application, I want to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards the public is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your licensure application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
I didn't think the prior conduct had anything to do with the profession.
I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts annual audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

Sincerely,

Rosemary McCool, Director
Division of Registrations

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S 24-34-107, **ALL** applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

Section A: LAWFUL PRESENCE in the United States.

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1. ___ I am a US citizen.
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended.
 - c. ___ I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
 - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.)
 - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year.
 - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
 - Valid I-551 Resident Alien or Permanent Resident card.
 - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
 - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian driver's license or valid Canadian identification card.
 - Valid Temporary Resident Card.
 - Valid I-94 with refugee/asylum stamp.

(document list continued on page 2)

- Valid 1688B or 1766 Employment Authorization Card.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo (US or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Passport issued by the U.S. Government with one of the following documents: Social Security card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
- Colorado Department of Corrections Inmate Identification Card with a Social Security card issued by the United States Government.

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

_____ (If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)
 (If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

 Signature

 Date

 Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

APPLICANT INFORMATION

Name: Last:		First:	Middle:
Previous Name(s):			
Social Security Number: *		Date of Birth (mm/dd/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (city and state, or foreign country):			
Mailing Address: <i>This is a <input type="checkbox"/> Home <input type="checkbox"/> Business</i>	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ()		E-mail Address:	

EDUCATION / TRAINING

List the name and address of the school where your podiatric degree was received:

<u>Name of School</u>	<u>Location (address and ZIP)</u>	<u>Years Attended (from / to)</u>	<u>Year of Graduation</u>

Have you received and/or completed qualifying postgraduate training approved by the Council on Podiatric Medical Education? If you were originally licensed after March 23, 2001, verification of completion of at least a one-year residency training program must be sent directly from the program to this office. YES NO

▶ **If YES, provide information below:**

<u>Name of Facility</u>	<u>Specialty</u>	<u>Years Attended (from / to)</u>

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting disciplinary actions to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

LICENSING INFORMATION

A. Have you ever been licensed to practice podiatry in any state, territory, district, or country? YES NO
 (include temporary licenses and educational permits)

▶ If YES, provide a complete list of all podiatry licenses (if needed, attach an additional sheet in the same format):

Type of license	State/Country	License #	Year license Issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

B. Have you ever applied for any type of Colorado health care license prior to this application? YES NO

▶ If YES, provide application types and license information if applicable:

Application Type	License Number	Month & year license issued

MALPRACTICE INSURANCE CERTIFICATION

You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado law, or claim one of the four exemptions set forth in the enclosed insurance memo. See instructions in the insurance memo, and include proof of insurance (obtained from your insurance carrier) or **include a statement setting forth the basis for the exemption claimed below.**

Exemption Claimed: _____

SCREENING QUESTIONS

1. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state licensing board of any complaint, investigation, or inquiry which is **currently pending**? YES NO

▶ If YES, give details below AND request official complaint and/or investigative report be sent directly to the Board from the licensing body, as well as personally submit a narrative regarding the complaint.

State	Date	Charge	Disposition

2. Has **any** healing arts license which you now hold or have ever held been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any healthcare facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law? YES NO
 (Disciplinary actions include, but are not limited to, any allegations currently pending.) Washington licensees must disclose any Stipulation to Informal Disposition in response to this question.

▶ If YES, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board, as well as a narrative regarding the action taken.

APPLICANT NAME: _____

State	Date	Charge	Disposition
<hr/>			
<hr/>			
3. Have you ever entered into any agreement with any state, territory, district, country, U.S. government agency, or state licensing board regarding your podiatry license? <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If YES , give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.			
Agency	Date	Reason	
<hr/>			
<hr/>			
4. Have you ever been denied a license, permission to practice podiatry or any other healing art, or permission to take a licensing examination in any state, country, or U.S. federal jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If YES , give details below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.			
Agency	Date	Reason for Denial	
<hr/>			
<hr/>			
5. Have you ever voluntarily surrendered a license to practice podiatry or any other healing arts in any other state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee. <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If YES , summarize below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.			
Agency	Date	Reason	
<hr/>			
<hr/>			
6. Have either your medical staff membership or clinical privileges at any hospital or healthcare facility or your DEA registration been voluntarily or involuntarily reduced, limited, placed on probation, not renewed or relinquished or have either been denied, revoked or suspended? You must answer YES if any of these actions are currently pending. You must answer YES if you have withdrawn or failed to proceed with an application for these items. <input type="checkbox"/> YES <input type="checkbox"/> NO			
▶ If YES , summarize below AND request hospital or DEA to submit a report directly to the Board regarding the action. Also submit your narrative regarding the action taken.			
Name of Facility	Date	Reason for Action	
<hr/>			
<hr/>			
<hr/>			

7. Have you ever been charged, indicted, convicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of nolo contendere, or been placed on adult diversion for any violation of any law? Note: You must respond YES even if the charge(s) or action was ultimately dismissed, expunged, pardoned or the matter was not prosecuted. It is unnecessary to report traffic offenses that do not involve alcohol or drugs. YES NO
- ▶ **If YES**, summarize below AND submit your narrative regarding the incident as well as court and police records and information regarding final disposition of the case.

Date	Court	Violation	Penalty or Disposition

8. Within the last five years, have you: YES NO
- Engaged in any behavior or suffered any mental, physical or cognitive health condition that has affected or might affect your ability to practice podiatry safely and competently?
 - Had any change in a condition described above that might affect your ability to practice podiatry safely and competently?
 - Illegally or excessively used any controlled substance, habit-forming drug, prescription medication or alcohol?
 - Been diagnosed with or treated for bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness or sleep disorder that disturbs your cognition, behavior or motor function?
- ▶ **If YES**, submit explanation to the Board regarding the diagnosis or disorder(s). Be specific as to date of occurrences, the type of disorder involved, and what if anything has been done to treat the disorder. Please submit copies of any discharge summaries, evaluations, reports, DUI or DWAI records, police reports, and court records directly to the Board.

9. Within the last five years, has any final judgment, settlement or arbitration award for podiatric malpractice been paid on your behalf or has any claim been filed which is still pending? YES NO
- ▶ **If YES**, summarize below AND submit to the Board a completed malpractice Claims Information Form (attached) and a clinical narrative regarding your involvement in the case.

Date	Name and Address of Insurance Company	Reason for Action

10. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience? YES NO
- ▶ **If YES**, submit to the Board an explanation regarding the cancellation or increase in premiums of the insurance and verification directly from the insurance company to the Board.

ATTESTATION

I hereby make application for a license to practice podiatry in the State of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal and foreign) to release to the Colorado State Podiatry Board or its successors any information, files or records requested by the Board relative to my qualifications as a podiatrist and my eligibility for licensure.

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Applicant

Date

CERTIFICATE OF COMPLETION OF CPME POSTGRADUATE TRAINING

SECTION 1

To be completed by applicant and forwarded to the facility where postgraduate training was received and/or completed.

This certifies that _____
Full Name of Applicant

a graduate of _____
Full Name of Podiatric School

commenced postgraduate training at _____
Name and Address of Facility

SECTION 2

To be completed by the program director of the facility for CPME postgraduate training in the United States. PLEASE TYPE OR PRINT.

on _____, _____ and satisfactorily completed such training on _____, _____.

This training consisted of _____ months of actual clinical instruction and is approved by the Council on Podiatric Medical Education and consisted of the following rotations:

List type and length of training.

ROTATION	LENGTH OF ROTATION
_____	_____

Was this podiatrist's performance completely satisfactory?

YES NO

► If NO, please attach an explanation.

I hereby declare under penalty of perjury under the laws of the State of Colorado that the above statements are true and correct and the facility is approved by the CPME to offer the type of level of training completed by the applicant and that the applicant was trained in an approved CPME program position.

Program Director _____

Address _____

Phone Number _____ Date _____

Signature _____

Colorado Division of Registrations
Office of Licensing—Podiatry
 1560 Broadway, Suite 1350
 Denver, CO 80202
 Phone: (303) 894-7690 / FAX: (303) 894-7693
www.dora.state.co.us/registrations

REPORT OF PRACTICE HISTORY
 (refer to instructions on following page)

Facility Name	Address and Zip	Reference (name and title)	Dates of Practice From-To	Nature of Practice
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please be aware that in Colorado supplying false information in an application for a license is punishable by law.

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Podiatry Practice Act, providing false information is grounds for denial, suspension or revocation of a podiatry license.

Signature

Print Last Name

Date

Instructions for Completing Report of Practice History (POD6)

1. List all of your experience in podiatric practice in chronological order since completion of podiatry school, including:

- All internships, residency and fellowship programs;
- Clinic practice;
- Private practice;
- Any other medical practice or position;
- Any hospital that you held privileges at during the last five years, including temporary privileges and consulting privileges;
- Any locum tenens positions; and
- Breaks in the practice of podiatry of one month or greater.

2. Request an original letter of verification covering the last five years for the above.

- **Each letter** should be addressed to “Licensing Section, Colorado Podiatry Board.
- **Each letter** must be an original on letterhead.
- **Each letter** verifying hospital privileges should be written by the chief of staff or chief administrative officer.
- **Each letter** verifying private practice should be written by an associate or colleague.
- **If** contracted by a locum tenens agency, one letter from that agency verifying all positions held will suffice.
- **Each letter** must verify dates of practice (including beginning month and year and ending month and year), nature of practice, and privilege status.
- **Each letter** must also include an evaluation of your skill level, aptitude, ability to apply knowledge, and an assessment of your attitude and behavior toward your colleagues and patients.
- **Each letter** verifying employment history must be an original on letterhead with dates listed as month/year.
- **For Training Program:** A Certificate of Completion of CPME Postgraduate Training form (POD3) is mandatory for verification of the first year of internship/post-graduate training. However, further training may be verified either by a letter from the program training or by completing the attached form (POD3).

NOTE: If you have not practiced podiatry for more than two years immediately preceding the filing of this application, additional requirements will apply.

COLORADO PODIATRY BOARD
CLAIMS INFORMATION FORM

The applicant must complete this form for each liability or malpractice claim which has been identified pursuant to Question 8 on the application.

Name Business Telephone No.

Address City, State, ZIP

1. On a separate sheet of paper, type your full name and provide a clinical narrative regarding each malpractice case(s) / allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description, which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided.

2. Indicate your position in case, i.e., intern, resident, primary doctor, etc. _____

3. Case was filed against: Individual doctor Group Hospital

List names of other doctors and/or hospitals also named in the suit: _____

4. Plaintiff's Attorney and Telephone: _____

5. Is the claim pending? YES NO

6. Was there a judgment or settlement? YES NO

7. What was the amount and date of the judgment or settlement? _____

8. What amount was attributable to you, your insurance company, or your employer? _____

I certify that the information I have provided is correct to the best of my knowledge.

Signature

Date

STATE OF COLORADO

COLORADO PODIATRY BOARD

1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-7690
Fax (303) 894-7693
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/podiatrists

Department of Regulatory Agencies
D. Rico Munn, Executive Director

Division of Registrations
Rosemary McCool, Director



Bill Ritter, Jr.
Governor

MEMORANDUM

TO: All Applicants for Colorado Podiatry Licensure
SUBJECT: Malpractice Insurance Requirements for Colorado Podiatry Licensure

Section 12-32-102(2), C.R.S., sets forth financial responsibility requirements to be met by all Colorado licensed podiatrists who perform surgical procedures. However, the Colorado Podiatry Board must, by rule, establish financial responsibility standards for podiatrists who do not perform surgical procedures. These rules have been adopted by the Colorado Podiatry Board in order to comply with the requirements of C.R.S. 12-32-102(2).

Pursuant to the requirements of Section 12-32-102(2), C.R.S., every podiatrist who performs surgical procedures as part of his or her podiatric practice, and who holds or desires to obtain a Colorado license, must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$500,000 per incident and \$1,500,000 annual aggregate per year. Every podiatrist who does not perform surgical procedures and who holds or desires to obtain a Colorado license must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$200,000 per incident and \$600,000 annual aggregate per year.

HERE IS WHAT YOU MUST DO IN ORDER TO MEET THE COLORADO INSURANCE REQUIREMENT FOR LICENSURE:

- A. IF you have malpractice insurance coverage valid in the state of Colorado at the time you submit your application, instruct your insurance carrier or Colorado postgraduate training program to submit an original statement directly to the Board office indicating the policy number, dates of coverage, amounts of coverage, and (for insurance companies located outside of Colorado) a statement affirming that the coverage is effective while you practice in Colorado.
- B. IF you do not have the required malpractice coverage at the time of application, and you meet one of the numbered exemption categories set forth in the attached rule, you must provide a signed statement to the Board claiming one of the specific exemptions set forth in the attached rule. (**Example:** "I currently reside outside of Colorado, and claim exemption B set forth in the attached rule. I understand that before I engage in any podiatric practice in Colorado, I must obtain the required insurance or an acceptable equivalent.")
- C. IF you do not have the required insurance coverage, and IF you do not meet one of the enumerated exemption categories set forth in the attached rule, you must obtain insurance coverage before your application will be considered complete and submitted to the Board for review. Under Colorado law, it is not sufficient for you merely to advise the Board that you will obtain insurance following issuance of your license.

**COLORADO PODIATRY BOARD
RULES AND REGULATIONS CONCERNING FINANCIAL RESPONSIBILITY STANDARDS**

INTRODUCTION

Basis: The general authority for the promulgation of rules and regulations by the Colorado Podiatry Board is set forth in Section 12-32-104(1)(a), C.R.S., as amended. Specific authority for the promulgation of rules regarding financial liability requirements is set forth in Section 12-32-102(2), C.R.S., (1995 Supp.).

Purpose: Section 12-32-102(2), C.R.S., sets forth financial responsibility requirements to be met by all Colorado licensed podiatrists who perform surgical procedures. However, the Colorado Podiatry Board must, by rule, establish financial responsibility standards for podiatrists who do not perform surgical procedures. These rules have been adopted by the Colorado Podiatry Board in order to comply with the requirements of C.R.S. 12-32-102(2).

RULES AND REGULATIONS

1. Pursuant to the requirements of Section 12-32-102(2), C.R.S., every podiatrist who performs surgical procedures as part of his podiatric practice and who holds or desires to obtain a Colorado license must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$500,000 per incident and \$1,500,000 annual aggregate per year.
2. Pursuant to these rules, every podiatrist who does not perform surgical procedures and who holds or desires to obtain a Colorado license must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$200,000 per incident and \$600,000 annual aggregate per year.
3. Pursuant to these rules, a podiatrist whose podiatric practice falls entirely within one or more of the following categories is exempt from the requirements set forth in paragraphs 1 and 2, above:
 - a. A podiatrist who is completely and permanently retired from the practice of podiatry.
 - b. A podiatrist who does not engage in any patient care whatsoever within the State of Colorado.
 - c. A federal civilian or military podiatrist whose practice is limited solely to that required by his federal/military agency.
 - d. A podiatrist who is not engaged in any patient care whatsoever (administrators, researchers, academicians, those engaged in endeavors outside of podiatry, e.g.).
 - e. A podiatrist who is covered by individual commercial professional liability coverage maintained by an employer/contracting agency in the amounts set forth in paragraph 1 or 2, above.
 - f. A podiatrist who provides uncompensated care to patients, and who does not otherwise engage in any compensated patient care whatsoever provided such podiatrist does not perform surgical procedures as defined in this rule.
 - g. A podiatrist whose practice is as a public employee under the "Colorado Governmental Immunity Act."
4. Any podiatrist who claims exemption from the financial responsibility requirements must provide such information as may be requested by the Board in order to establish eligibility for any such exemption.
5. For purposes of this rule, "surgical procedures" means any procedure that involves cutting through the skin to a level deeper than the dermis.

Effective 10/1/95; Reapproved 5/7/99

The most current version of the Board's rules can be found on the website at:
www.dora.state.co.us/podiatrists/rules.htm

INFORMATION REGARDING THE NATIONAL BOARD EXAMINATION PARTS 1 & 2 AND THE PMLEXIS PART 3 EXAMINATION

Where can I receive information to apply to take the PMLEXIS Part 3 examination?

Applications for the PMLEXIS Part 3 examination for the State of Colorado are distributed on behalf of the Federation of Podiatric Medical Boards by:

Thomson Prometric/NBPME
2000 Lenox Drive, 3rd Floor
Lawrenceville, NJ 08648
Phone: (877) 302-8952

Please contact them directly for information to sit for the PMLEXIS Part 3 examination.

Who do I contact to request a copy of my PMLEXIS Part 3 examination scores be sent to the Colorado Podiatry Board?

Scores may be requested by contacting the Federation of Podiatric Medical Boards at:

FPMB
6551 Malta Dr.
Boynton Beach, FL 33437
Phone: (561) 752-3735
www.fpmb.org

There is a fee associated with this request. Please contact them directly for information and to request a copy of your scores. You may order your scores online by accessing their website at www.fpmb.org.

Who do I contact to request a copy of my National Board Part 1 and 2 examination scores be sent to the Colorado Podiatry Board?

Scores may be requested by contacting the National Board of Podiatric Medicine at:

Thomson Prometric/NBPME
2000 Lenox Drive, 3rd Floor
Lawrenceville, NJ 08648
Phone: (877) 302-8952
www.nbpme.org

There is a fee associated with this request. Please contact them directly for information and to request a copy of your scores.

CONTINUED COMPETENCY EXPLANATION OF PM LEXIS TWO-YEAR REQUIREMENT

If you have been out of school, residency, or have not been engaged in the active practice of podiatry for at least 20 hours per week, with no more than a six-month break during the past 24 months, then you must provide verification of successful passage of the PMLEXIS Part 3 examination taken within the last 24 months as verification of your continued competency.