

Maryland State Board of Podiatric Medical Examiners
 4201 Patterson Avenue • Baltimore, Maryland 21215 • (410) 764-4785

**APPLICATION FOR RECOGNITION OF OUT-OF-STATE PODIATRIC LICENSURE PURSUANT TO THE VETERANS
 AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333) CHECKLIST**

INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	Completed <u>Notarized</u> Application (front and back)
<input type="checkbox"/>	Passport quality size photograph attached to the upper right hand corner <i>**Please note guidelines include: 2x2 color photo with the head centered and sized between 1" and 1.4" taken in last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies), and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.</i>
<input type="checkbox"/>	Copy of military orders indicating military service in MD (or if application is for a spouse, provide the sponsor's military orders indicating the spouse's name, or in cases where military orders do not have the spouse's name listed, provide a copy of the marriage certificate with the military orders).
<input type="checkbox"/>	State Licensure Affidavit(s) from each State where a license was held, including Limited/Temporary licensure, verifying that the license is in good standing. <i>**Primary Source Verification: Defined as verification by the <u>original source</u> of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner.</i>
<input type="checkbox"/>	Documentation of legal name change if applicable (i.e., marriage certificate, divorce decree, legal name change).
	<i>*The Board reserves the right after license issuance, if applicable, to validate the information submitted by the applicant and confirm such with a National Practitioners Data Bank query.*</i>

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:
 Maryland State Board of Podiatric Medical Examiners
 4201 Patterson Avenue Baltimore, MD 21215

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Baltimore, Maryland 21215
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AUTO AND EDUCATION IMPROVEMENT ACT OF 2022 (PL 117-333)**

COMPLETE THIS APPLICATION ONLY IF:

- (1)** YOU ARE A PODIATRIST WHO IS PRESENTLY A SERVICEMEMBER OR A PODIATRIST WHO HAS A SPOUSE WHO IS A SERVICEMEMBER;
- (2)** YOU HAVE A PODIATRIC LICENSE IN A STATE OR STATES OTHER THAN MARYLAND THAT ARE IN GOOD STANDING AND THAT YOU HAVE ACTIVELY USED DURING THE 2 YEARS IMMEDIATELY PRECEDING YOUR MILITARY RELOCATION TO MARYLAND **(3)** EITHER YOU OR YOUR SPOUSE ARE UNDER ORDERS TO PROVIDE MILITARY SERVICE IN MARYLAND, AND
- (4)** YOU OR YOUR SPOUSE SEEK A RECOGNITION TO PRACTICE PODIATRY THAT IS EFFECTIVE ONLY DURING THE PENDENCY OF YOUR OR YOUR SPOUSE’S MILITARY SERVICE IN MARYLAND. THERE IS NO FEE ASSOCIATED WITH THIS APPLICATION.

IF YOU SEEK A GENERAL MARYLAND PODIATRIC LICENSE THAT DOES NOT EXPIRE WHEN YOUR OR YOUR SPOUSE’S MARYLAND MILITARY ORDERS EXPIRE, DO NOT COMPLETE THIS APPLICATION. INSTEAD, COMPLETE THE APPLICATION FOR PODIATRIC LICENSURE BY EXAMINATION. THERE IS A FEE ASSOCIATED WITH THE APPLICATION.

Please note the following:

"Servicemember" is defined as a member of the "uniformed services." "Uniformed services" means (a) the armed forces; (b) the commissioned corps of the National Oceanic and Atmospheric Administration; and (c) the commissioned corps of the Public Health Service. "Armed forces" is defined as " Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard."

"Spouse" is defined as "husband or wife, as the case may be."

"Reside in the State of Maryland" is defined as Maryland being the site of your or your spouse’s duty station. "

Are you a:

Servicemember: Yes No **Spouse of a Servicemember:** Yes No

SECTION I- INITIAL QUALIFICATIONS for SERVICEMEMBER (Servicemember spouses will answer in the next section)

You must meet the following initial qualifications to obtain a Servicemember Podiatric Recognition. If you answer "No" to any of the questions in SECTION I – Initial Qualifications for SERVICEMEMBER you may not be considered for a Servicemember Podiatric Recognition.

Servicemembers only please answer the following questions.

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Are you presently a "servicemember" as defined on page 1? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Do you "reside" (as that word is defined on page 1) in Maryland as a result of military orders? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Are all podiatric licenses that you presently hold in other States in "good standing"? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Have you actively used one or more podiatric licenses during the two years immediately preceding your relocation to Maryland? |
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Are you recognized as a podiatric physician in any state? |

SECTION II- INITIAL QUALIFICATIONS for SERVICEMEMBER SPOUSE

You must meet the following initial qualifications to obtain a Servicemember Spouse Podiatric Recognition. If you answer "No" to any of the questions in SECTION II– Initial Qualifications FOR SERVICEMEMBER SPOUSE you may not be considered for a Servicemember Spouse Podiatric Recognition.

Servicemembers spouses only please answer the following questions.

- YES** **NO**
 a. Are you presently the spouse of a "servicemember" as those terms are defined on page 1?
- YES** **NO**
 b. Do you or your spouse "reside" (as that word is defined on page 1) in Maryland as a result of your spouse's military orders?
- YES** **NO**
 c. Are all podiatry licenses that you presently hold in other states in "good standing"?
- YES** **NO**
 d. Have you actively used one or more podiatry licenses during the two years immediately preceding your relocation to Maryland?
- YES** **NO**
 e. Are you recognized as a podiatric physician in any other state?

SECTION III – GENERAL INFORMATION

NAME:

First	Middle Initial	Last
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STREET ADDRESS: _____

TELEPHONE NUMBER:

HOME (____) _____ **WORK** (____) _____ **CELL** (____) _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NO*: _____ **BIRTHDATE:** _____

Gender Identification: _____ **Male** _____ **Female** _____ **Other** _____ **Prefer Not To Answer**

Enter Name of Podiatric College Attended and Graduation Date Below:

Select one or more of the following racial categories:

Are you of Hispanic or Latino Origin? ____ **Yes** ____ **No** ____ **Prefer not to answer**

(Please circle all applicable; for statistical purposes only)

1 – White **2** – Black or African American **3** – American Indian or Alaska Native **4** – Asian **5** – Native Hawaiian or other Pacific Islander **6** – Other _____

*Maryland and Federal law requires that the Board obtain the Social Security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law § 10-119.3)
- Identification by the Department of Assessments and Taxation of new business in Maryland (Md. Code Ann., Health Occ. § 1-210)
- Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. § 1396a(a)(49); 42 U.S.C. § 1396r-2; 42 U.S.C. § 1320a-7)

Licensure in other states:

Please list other states or jurisdictions in which you hold or have held a podiatric license. Include license number(s).

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

State: _____
License Number _____
Date of original issuance: _____
Expiration Date: _____

Continue on separate page if required

SECTION IV - CHARACTER AND FITNESS – TO BE ANSWERED BY SERVICEMEMBERS AND THEIR SPOUSES

If you answer "YES" to any question(s) in Section IV – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

a) Is your application for licensure before another State Board at this time?

If yes, provide details: _____

b) Has your license to practice in any State ever been subject of an investigation and/or disciplinary action?

If yes, provide details: _____

c) Has your application for a podiatric license ever been withdrawn or denied for any reason?

If yes, provide details: _____

d) Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?

If yes, provide details: _____

e) Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal

entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order in a state other than Maryland or have ever been, you must enclose a certified copy of the Order with this application.

If yes, provide details: _____

- f) Have you ever been convicted of a crime?**

If yes, provide details: _____

- g) Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?**

If yes, provide details: _____

- h) Have you ever been addicted to, or treated for addiction to drugs or alcohol?**

If yes, provide details: _____

- i) Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?**

If yes, provide details: _____

- j) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?**

If yes, provide details: _____

- k) Have you been named as a defendant in a filing or settlement of a malpractice action? If yes, submit a current copy of your National Practitioner Data Bank report. (You may call 1-800-767-6732 to obtain information.)**

If yes, provide details: _____

- l) Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity?**

If yes, provide details: _____

- m)** Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

If yes, provide details: _____

AFFIDAVIT:

Practice of podiatry without a current recognition of an out-of-state podiatry license issued by the Maryland State Board of Podiatric Medical Examiners is a violation of the Maryland Podiatry Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Podiatric Medical Examiners (the Board) may request any information necessary to process my application for Recognition of Out-of-State Podiatry Licensure Pursuant to the Veterans Auto and Education Improvement Act of 2022 (PL 117-333) from any person or agency, including but not limited to postgraduate program directors, individual podiatrists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a podiatrist in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, § 16-311.

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board’s functions under the Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees’ names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named

_____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

Revised 07/26/2023