# LICENSE APPLICATION CHECKLIST FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

(Do Not Submit – Keep for your records)

## Application, Fees and Fingerprints

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Notes/Date Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Application Fee</td>
<td>A minimum of $69 is required to submit an application for licensure. This includes fees for application processing and background clearance. Please make check or money orders payable to the CA Board of Podiatric Medicine. Unfortunately, at this time we are unable to accept credit card transactions.</td>
<td></td>
</tr>
<tr>
<td>☐ Application (P1A-P1F)</td>
<td>Complete all fields and answer all questions.</td>
<td></td>
</tr>
<tr>
<td>☐ Fingerprint:</td>
<td>Applicants who reside in California must complete the electronic Live Scan fingerprint process. A copy of the Request for Live Scan form must be submitted with your application. Applicants residing outside California may submit two completed fingerprint cards or visit a California Live Scan facility. If fingerprint cards are needed, please call our office at (916) 263-2647 and they will be mailed to you. All personal data must be completed on the fingerprint cards.</td>
<td></td>
</tr>
</tbody>
</table>

## Official Pre-professional Postsecondary Education transcripts (Form P2)

All official school transcript(s) required from each college or university attended. *Transcript(s) must be mailed directly from the school to the Board to be acceptable.*

## Official Podiatric Medical School (Form P2)

An official podiatric medical school transcript is required from each podiatric medical school attended. *Transcript(s) must be mailed directly from the school to the Board to be acceptable.*

## License Verification/Letter of Good Standing by State Licensing Agency (if applicable) (Form P3)

This form is to be completed by each licensing agency by any state or country in which you have held a medical license, including temporary or limited/resident licenses. *Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.*
<table>
<thead>
<tr>
<th>□ Certificate of Approved Residency Program Training (Form P4)</th>
<th>Forward this form to your Residency Director for completion and return directly to the Board. In lieu of this form, your Residency Director may prepare a letter on official letterhead with original signature, verifying completion of the program. <strong>Certification must be completed and mailed directly from the residency program to be the Board to be acceptable.</strong></th>
<th>Notes/Date Sent:</th>
</tr>
</thead>
</table>
| □ Official American Podiatric Medical Licensing Examination (APMLE) and Part III (PMLexis) reports: | Official board score reports may be requested from the following websites:  
NPBME: [www.ample.com](http://www.ample.com)  
FPMB: [www.fpmb.org](http://www.fpmb.org)  
**Each score report must be an original, official score report mailed directly from the FPMB to the Board to be acceptable.** | Notes/Date Sent: |
| | □ Parts I & II (Form P5)  
□ Part III (Form 6) (Permanent License Only) | Complete all fields, sign and date.  
MOU for Approved Residency Program Participation means that your residency program has been approved by the Council on Podiatric Medical Education (CPME).  
MOU for “Candidate Status” Residency Program Participation means that your residency program has **not** been approved by the CPME.  
View the [List of Approved Residencies](http://www.cpme.org) on visit CPME’s website to determine eligibility: [www.cpme.org](http://www.cpme.org). | Notes/Date Sent: |
| □ Memorandum of Understanding (MOU) for: | Request this report directly from the Federation of Podiatric Medical Boards (FPMB) website at [www.fpmb.org](http://www.fpmb.org).  
**This report must be mailed directly from the FPMB to the Board to be acceptable.** | Notes/Date Sent: |
| □ Approved Residency Program Participation (Form P7A)  
□ “Candidate Status” Residency Program Participation (Form P7B) | The **Explanation to Questions #_____ (if applicable)** form may be used to provide a detailed written explanation for a “yes” response to a question on the application.  
The Board will also accept a signed and dated letter of explanation. | Notes/Date Sent: |
| □ Disciplinary Databank Report (Permanent License Only) | Complete the **License Expiration Advisory and Request for Birth Month Licensure** form and submit it with your application. | Notes/Date Sent: |
| □ License Expiration Advisory and Request for Birth Month Licensure | | Notes/Date Sent: |
| □ Explanation to Question # ____ (if applicable) | | Notes/Date Sent: |
| □ License fees: | A license fee of is payable upon meeting all licensure requirements or at any point during the application process.  
Please make check or money orders payable to the **CA Board of Podiatric Medicine.** Unfortunately, at this time we are unable to accept credit card transactions. | Notes/Date Sent: |
| □ Resident License $60  
□ Permanent License $900 | | |