

**LICENSE APPLICATION FOR A  
 CERTIFICATE TO PRACTICE  
 PODIATRIC MEDICINE**

**FOR BPM USE ONLY**

Fee paid: _____	Receipt #: _____
Date Cashiered: _____	Cashier's Initials: _____
Date Approved: _____	Date Denied: _____
Approved Initial: _____	

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documents must be submitted with this application per instructions.

*Please print or type. Illegible applications will be returned.*

**Limited / Resident License**       **Permanent License**

**PERSONAL INFORMATION**

BPM Use Only

Name: \_\_\_\_\_

Other Name/Alias: \_\_\_\_\_

Social Security Number/Individual Taxpayer Identification Number: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The address of record is public information and will be displayed on the Board of Podiatric Medicine's website.

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Have you ever filed an application for licensure in California that has been withdrawn, abandoned, or denied?  Yes  No   
*If YES, give date of previous application:*

2. Have you previously held a Doctor of Podiatric Medicine license in California?  Yes  No   
*If YES, give date and license number:*

3. a. Have you served or are you currently serving in the military?  Yes  No

b. Are you married, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?  Yes  No   
*If YES, please provide evidence of your legal union and your spouse or partner's military duty orders.*

c. Are you requesting expediting of this application under AB 1904 (Block, 2012) for spouses of the military?  Yes  No

*If YES, please provide evidence of your legal union, your spouse or partner's military duty orders and current licensure in another state, district or territory of the US in the profession for which you are seeking licensure.*

d. Are you requesting to expedite this application for an honorably discharged former active duty member of the Armed Forces of the United States?  Yes  No

*If YES, please provide evidence of the honorably discharged military orders.*

**P1A**