

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control _____ Department or Agency: Alabama State Board of Podiatry

Rule No.: Appendix 1

Rule Title: Forms Associated with these Rules and Regulations

X New _____ Amend _____ Repeal _____ Adopt by Reference

Would the absence of the proposed rule significantly Harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's Police power and the protection of the public health, Safety, or welfare? Yes

Is there another, less restrictive method of regulation Available that could adequately protect the public? No

Does the proposed rule have the effect of directly or Indirectly increasing the costs of any goods or services Involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public Than the harm that might result from the absence of The proposed rule? No

Are all facets of the rulemaking process designed solely For the purpose of, and so they have, as their primary Effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer  _____

Date: January 17, 2014

(DATE FILED)
(STAMP)

Alabama State Board of Podiatry

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Podiatry

RULE NO. & TITLE: Appendix 1 Forms Associated with These Rules and Regulations

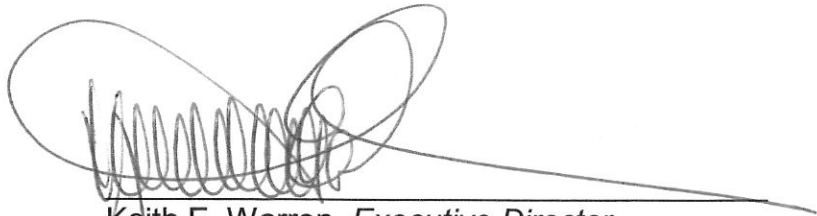
INTENDED ACTION: New

SUBSTANCE OF PROPOSED ACTION: The Board proposes to establish an Appendix for all the approved forms and applications associated with the rules and regulations.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:00 p.m. on Friday, March 7, 2014. Comments should be directed to Keith E. Warren, Executive Director at 2777 Zelda Road, Montgomery, AL 36106 or via electronic mail at keith@warrenandco.com or via telephone at 334-420-7237.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
Friday, March 7, 2014.

CONTACT PERSON AT AGENCY: Keith E. Warren
Executive Director
2777 Zelda Road
Montgomery, AL 36106
(334) 420-7237



Keith E. Warren, *Executive Director*
Alabama State Board of Podiatry

APPENDIX 1
FORMS ASSOCIATED WITH THESE RULES AND REGULATIONS

Application Letter

Application for License

Application for State of Alabama Controlled Substance Number

Consumer Complaint Form

Application for License Renewal



Alabama State Board of Podiatry
2777 Zelda Rd
Montgomery, AL 36106
Phone: 334/420-7237 Fax: 334/263-6115
www.podiatryboard.alabama.gov
Email: hope@warrenandco.com

April 12, 2012

Dear Applicant:

Enclosed is an application for licensure to practice podiatry in Alabama. Particular licensure requirements include completion of a CPME-approved residency, passing PMLexis and the Alabama state law exam. Other requirements are specified at the top of the enclosed application. The 2012 Exam Dates are as follows: Friday, June 22, 2012 @ 10:00 A.M. (Application Deadline Wednesday, June 1, 2012) and Friday, December 14, 2012 @ 10:00 A.M. (Application Deadline Wednesday, November 30, 2012). **No exceptions are made.**

Fill out all application sections fully and submit all required documents. Board scores, PMLexis and official transcripts must be sent directly from those agencies. Three letters of reference are required, and must be requested by you, and then sent **directly from the references listed on the application, to the Board**. Your file remains on active status for two years from the date the Board opens your file. After two years, your file is closed.

Fees are **non-refundable**. The application fee is \$100.00, and the law exam fee is \$100.00. All fees must be submitted with your application. **Personal or business checks are not accepted.** Please submit all fees in the form of a cashiers' check or money order.

The Board is ADA compliant. If you require special accommodation during the examination process, please request an ADA Documentation of Disability Form.

If you have any questions, please do not hesitate to contact my assistant, Ms. Hope Paulene, at the Board office (334) 420-7237.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith E. Warren", with a long horizontal flourish extending to the right.

Keith E. Warren
Executive Director

LICENSE NO. _____

ISSUE DATE ____/____/____

ALABAMA STATE BOARD OF PODIATRY



STATE OF ALABAMA APPLICATION FOR LICENSE

NOTE: Applicant to submit with this application: Application Fee, Notarized Photo, Copy of Diploma, Copy of Other State Licenses, Copy of Residency Certificate.
Applicant to have sent to the Board: Official Podiatric Medical College Transcripts and Board Scores.

Full Name _____ Date _____

Date of Birth ____/____/____ Place of Birth _____

Social Security Number ____/____/____ DEA Number _____

Driver's License Number and State _____ U.S. Citizen? Yes ____ No ____

PRESENT Address _____

Telephone (____) _____

PERMANENT Address _____

Telephone (____) _____

OFFICE Address _____

Telephone (____) _____ FAX (____) _____

If you have a disability and require accommodation in taking the examination, request the ADA Request Form and submit it to the Board.
If accommodation is not requested in advance of the examination, we cannot guarantee the availability of accommodation on-site.

— PERSONAL QUESTIONNAIRE —

Time at Present Address? _____ Who Resides at Permanent Address? _____

Married? Yes ____ No ____ Spouse's Full Name _____

Military Service? Yes ____ No ____ Branch _____ Years _____

Honorable discharge? Yes ____ No ____ Member of civic club(s), fraternity, etc.?, list _____

Where do you plan to practice? _____ When? _____

If not in Alabama, where and when will you practice in Alabama? _____

Are you licensed to practice Podiatry in other states? Yes ____ No ____ If yes, list state(s) and date licensed _____

Do you participate in CME programs? Yes ____ No ____ List approximate annual hours _____

Are you Board Certified? Yes _____ No _____ Board Qualified? Yes _____ No _____ If yes, list such _____

Have you served Podiatry in your State or the APMA in an appointed or committee capacity? Yes _____ No _____ If yes, list such _____ and dates of service _____

— If you answered “yes” to the following, attach a detailed explanation giving dates and specifics —

- Have you had a hearing before an Ethics Committee of a State or the AMPA? Yes _____ No _____
- Has your membership in a State or APMA ever been placed on probation, suspended or revoked? Yes _____ No _____
- Have you had past malpractice or criminal suits filed against you or presently pending against you? Yes _____ No _____
- Have you ever been found negligent in a malpractice case? Yes _____ No _____
- Have you ever been convicted of a criminal violation of the law? Yes _____ No _____
- Do you have drug or alcohol dependencies other than prescribed for a valid disease? Yes _____ No _____
- Have you been under treatment for drug or alcohol dependencies at any time? Yes _____ No _____
- Have you been arrested, tried or convicted for the use of alcohol, drugs, or controlled substances or the illegal gift or sale of such? (such as DUI, etc.) Yes _____ No _____
- Has your application for license to other state(s) been rejected? Yes _____ No _____
- Has your license to practice Podiatry, in any state, been placed on probation, suspended or revoked? Yes _____ No _____
- Have you applied to, been licensed by, or taken an examination for Alabama licensure at any time in the past? Yes _____ No _____

— If you answer “no” to the following, attach a detailed explanation giving dates and specifics —

- Are you a member in good standing of the APMA and your State Component Society? Yes _____ No _____
- Are all of your State licenses current, in good standing, and without blemish? Yes _____ No _____

— HIGH SCHOOL EDUCATION —

School _____ City/State _____
Dates of attendance _____ Date of graduation _____

— COLLEGE EDUCATION —

College _____ City/State _____
Dates of attendance _____ Date of graduation _____ Degree _____

— **PODIATRIC MEDICAL EDUCATION** —

College _____ City/State _____

Dates of attendance _____ Date of graduation _____

Additional educational information, awards, externships, honors:

— **POST-GRADUATION EDUCATION** —

Program _____ Director _____

Address _____

Number of years in existence _____ Dates of attendance _____

Council on Podiatric Medical Education approved? Yes _____ No _____ Additional comments: _____

— **REFERENCES** —

Print, please, two currently licensed Podiatrists and one layman (preferably one DPM reference from Alabama):

NAME	ADDRESS	CITY, STATE, ZIP

AFFIDAVIT OF APPLICANT

I certify that the statements contained in this application are true, complete and correct and, I agree that said statements shall form the basis of my application. I permit the Board to perform background checks and investigations to verify my application and statements.

DATE _____ SIGNATURE OF APPLICANT _____

STATE OF _____ COUNTY OF _____ COMMISSION EXPIRES _____

Subscribed and sworn to before me this _____ day of _____, 19 _____.

NOTARY PUBLIC

DO NOT WRITE ON THIS PART

Applicant Name _____ Examination Number _____

Checklist

Received:

Application and Fee	_____	Copy of Diploma	_____
Exam Fee(s)	_____	Three References	_____
Notarized Photo of Candidate	_____	Residency Verification	_____
Official College Transcript	_____	License Verification(s)	_____
Official National Board Scores	_____		

Replied:

Law Books Sent	_____	Exam Card Sent	_____
References Requested	_____	Results Letter Sent	Pass _____ Fail _____

PMLexis RECORD

Official PMLexis scores submitted through applicant:

PMLexis administered by Alabama:

	_____	_____		_____	_____
	date & place	date & place		date	date
Section I	_____	_____	Section I	_____	_____
Section II	_____	_____	Section II	_____	_____
Section III	_____	_____	Section III	_____	_____

Applicant Passed All Sections _____

Applicant Failed One or More Sections _____

LAW EXAMINATION RECORD

Pass

Fail

Office Notes:

APPLICATION FOR STATE OF ALABAMA CONTROLLED SUBSTANCE NUMBER

NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

DPM LICENSE NUMBER _____

DEA REGISTRATION NUMBER _____

Please submit the registration fee of \$50.00 payable to the Alabama State Board of Podiatry. Your certificate of registration will be mailed to you for prominent display in your office. Registration is valid for the license renewal cycle which begins each October 1 and future renewals will be processed along with your annual license renewal.

Contact information for DEA:

Office of Diversion Control Online - <http://www.deadiversion.usdoj.gov/>

Drug Enforcement Administration

Office of Diversion Control

2401 Jefferson Davis Highway

Alexandria, VA 22301

(800) 882-9539

REMIT TO:

**Alabama State Board of Podiatry
2777 Zelda Rd
Montgomery, AL 36106**



Alabama State Board of Podiatry
2777 Zelda Rd
Montgomery, AL 36106
Phone: 334/420-7237 Fax: 334/263-6115
www.podiatryboard.alabama.gov

CONSUMER COMPLAINT FORM

Name of Podiatrist

Your Name

Address

Your Address

City State Zip

City State Zip

Telephone

Telephone (Home) (Work)

Date of Rendered Services or Visit

How did you learn about the complainant?

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem (if more space is needed continue on the reverse side):

Signature

Date

Alabama State Board of Podiatry

2777 Zelda Road

334-420-7237, office

334.263.6115, fax

Website: www.podiatryboard.alabama.gov

Email: hope@warrenandco.com

APPLICATION FOR RENEWAL OF PODIATRY LICENSE FOR THE YEAR 2012-2013
YOUR CURRENT ALABAMA PODIATRY LICENSE EXPIRES OCTOBER 31, 2012.

Submit this form, proof of 12 approved CME's,
\$400.00 Renewal Fee, plus \$50.00 Controlled Substance Registration Renewal.

«Practice_Name»

«First_Name» «Last_Name», DPM

License # «License_»

«Office_Mailing_Address»

«Office_Mailing_City», «Office_Mailing_State» «Office_Mailing_Zip»

Please review the information below to ensure that the information below is correct. Please list any changes in the area provided.

Practice Name: «Practice_Name»

Office Mailing Address: «Office_Mailing_Address»

«Office_Mailing_City»,

Office Phone #: «Office_Phone_»

«Office_Mailing_State» «Office_Mailing_Zip»

Office Fax #: «Fax»

Home Address:

«Home_Address»

«City», «State» «Zip»

Home Phone #: «Home_Phone»

Email Address: «Email_»

PLEASE ENCLOSE: **NOTE: ALL FEES AND DOCUMENTATION HAVE TO MAILED IN AT THE SAME TIME.**

- \$400.00 License Renewal Fee
- \$50.00 Controlled Substance Registration Renewal Fee
- \$300.00 Late License Renewal Fee—(if after 10/31/12)
- Documentation of 12 CME's **(MUST BE INCLUDED WITH THIS FORM)**

DURING THE PREVIOUS 12 MONTHS:

Have you been denied a Podiatry License in any state or jurisdiction? Yes No

Have you had a Podiatry License suspended, revoked, surrendered or have you been disciplined by the Licensing authorities in any state or jurisdiction? Yes No

Have you been convicted of any criminal offense or is there any criminal charge now pending against you? Yes No

If you answered yes to any of the above questions, documentation is: Attached to this form

On file in the Board Office

I hereby attest that the above information contained herein is true to the best of my knowledge and belief.

Signature: _____

Date: _____

Social Security Number (Required): _____