



GEORGIA STATE BOARD OF PODIATRY EXAMINERS

237 Coliseum Drive, Macon, Georgia 31217-3858

Phone (404) 424-9966 * <https://sos.ga.gov/georgia-state-board-podiatry-examiners>

APPLICATION FOR REINSTATEMENT

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Podiatry in the State of Georgia. Visit the website for information

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing.

Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. The \$610.00 (\$600.00 application fee + \$10 processing fee) non-refundable & non-transferable application fee payable to Georgia State Board of Podiatry Examiners must be included with application.

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, notarized, along with your **FEE** and **PHOTOGRAPH** – a full-face (approximately 2x2) photograph taken within one year before the submission of the application. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation and court documents if you have had any criminal convictions or charges, or sanctions by another state licensing board.
- CONTINUING EDUCATION:** The Applicant must have (50) fifty hours of Continuing Education within the last renewal period. The Board must receive copy of certificate of completion showing hours completed.
- RESUME:** All Applicants for licensure must show professional experience since the Georgia license expired; the resume must be included with the application.
- OTHER STATE LICENSURE CERTIFICATION:** If you are licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
- BACKGROUND INFORMATION:** All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach a signed letter of explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. You must also submit a copy of the court's final disposition or the official document showing the description of the current status. You must also complete a fingerprint background check according to the **POD-COGEN-T-GAPS Instructions** in the *Application/Form Downloads* section of the Board website at <https://sos.ga.gov/georgia-state-board-podiatry-examiners>. The Board, at their next scheduled meeting, will review the application and required documentation. Approval of licensure is at the Board's discretion.
- ACTIVE DUTY STATUS (if applicable):** If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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APPLICATION FOR REINSTATEMENT

Application Fee \$610.00 (\$600.00 application fee + \$10 processing fee) **(non-refundable & non-transferable)**
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PART I – PERSONAL INFORMATION

Name as desired on license: _____
 Last *First* *Middle* *(Maiden)*

Name on license (if different): _____
 Last *First* *Middle*

Physical Address: _____
P.O. Box not acceptable *(Street)* *(Apt. #)* *(City/State/Zip Code)*

Mailing Address: _____
 (Street) *(Apt. #)* *(City/State/Zip Code)*
(If you are granted a license, your name, mailing address and license number are public information).

Social Security Number*: _____ - _____ - _____ Georgia License Number: **POD** _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes

Date of Birth: ____/____/____ 8. E-Mail Address: _____ Gender: Male____ Female____

Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

Telephone Number Day

Telephone Number (Cell)

Telephone Number Evening

PART II – STATEMENT OF APPLICANT/CONTINUING EDUCATION

Reason(s) for non-renewal of license:

Describe professional activities for past two years:

Have you completed your (50) hours of Continuing Education as required by the Board? Yes No
 If no, please indicate below reason for not completing CE:

If yes, please attach copies of your certificates of completion

PART III – PROFESSIONAL CERTIFICATION

List any state(s) in which you now hold or have ever held a Podiatry License:

State _____ Issue date _____ Exp. Date _____

State _____ Issue date _____ Exp. Date _____

***Note:** The **Certification of Licensure** form should be sent to **ALL states in which you hold a license**. (You can make additional copies of the form if necessary). The licensing agency for other state should mail the completed form(s) directly to our office: Georgia State Board of Podiatry, 237 Coliseum Drive, Macon, Georgia 31217.

PART IV – EMPLOYMENT

Have you been engaged in active practice of podiatric medicine immediately preceding the date of this application? () Yes () No
Please list the name, location(s) and date(s) of practice:

1. Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

2. Company Name _____

Type of Facility _____ Current Position _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Fax Number _____

Dates of Employment/Practice: Start Date: _____ To: _____

PART V – BACKGROUND INFORMATION

Instructions: If you answer yes to any of the following questions, attach an explanation, relevant documents and a description of the current status. For arrest charges and you must attach a copy of court’s final disposition.

Have you registered to have your fingerprint background check approved? If no, you must do so within 30 days of submitting your application to the Board. Visit the “Application/Form Downloads” section on the Georgia State Board of Podiatry Examiners website at <http://sos.ga.gov/index.php/licensing/plb/33> to download the “POD - COGENT-GAPS Instructions.” () Yes () No

Have you ever had any restrictions as a Medicaid or Medicare provider? () Yes () No

Since your initial licensure, have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI’s are not minor traffic violations.) **If yes, please attach a signed letter of explanation and have the official documents sent to Board office.** () Yes () No

Have you ever had revoked suspended or otherwise sanctioned any license issued by any Board or agency in Georgia or in any other state? () Yes () No

Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or in any other state? Yes No

Have you ever had any malpractice action taken against you or do you have any pending malpractice action? **If yes, attach a signed letter of explanation.** Yes No

To your knowledge, are you subject of an investigation by any licensing board or agency as of the date of this application? **No If yes, attach a signed letter of explanation.** Yes No

Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? **If yes, attach a signed letter of explanation.** Yes No

**THIS
AREA
IS
BLANK**

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIRA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



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NOTE: PLEASE MAKE COPIES OF THIS PAGE IF NEEDED

CERTIFICATION OF LICENSURE

This form should be sent to **ALL States** in which you hold a Podiatry license. The form should be completed by the State Board of Podiatry and returned to the above address.

PART I – APPLICANT

I _____, hereby authorize the state of _____
 Board of Podiatry to furnish to the Georgia State Board of Podiatry the information requested below.

 Applicant's Signature Social Security No. License No.
Applicants do not write below this line. Applicants must forward to state verifying license.

PART II – STATE AGENCY

LICENSING AGENCY: *The above applicant has applied for a license to practice podiatric medicine in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia Board of Podiatry * 237 Coliseum Drive * Macon, Georgia 31217-3858*

Name of Licensee: _____ License Number _____

Licensed by: Exam Endorsement Waiver Grandfather Clause

If by exam, please indicate the examination administered to applicant: _____

Issue Date: _____ Expiration date: _____

Current License Status: Active Inactive Expired Probation Surrendered
 Suspended

Date of last renewal: _____

Have all continuing education requirements been met? YES NO

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES NO

Is the applicant currently under investigation? Yes () No ()

*** Please provide details, including copies of any documents with status of investigations.**

Signed _____ Date _____

Title: _____ State Board _____

Telephone # (____) _____ (Seal)



Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize GEORGIA STATE BOARD OF PODIATRY EXAMINERS to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
 Employment with elder care (Purpose code 'N')
 Employment with children (Purpose code 'W')

You must select one of the four options below for the number of days for authorization:

This authorization is valid for

1. _____ 90 days
2. _____ 180 days
3. _____ days from date of signature
4. I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.