For Board Use Only

Date of Application________________________________ License Number______________________

Date of Examination_______________________________ Date Issues__________________________

Approved for Endorsement __________________________ Date Expires_________________________

$________________Application Fee ($500.00) CK# ________________

Approving Board Member: ____

Application Not Approved: ____

APPLICATION FOR THE SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS

810 North Main #298 Spearfish, SD 57783 (605) 642-1600

Under the laws of the State of South Dakota, I hereby make application for a license as a Doctor of Podiatric Medicine.

* *

Please type or print - -

Applicant's Name:____
(Last) (First) (Initial) (Maiden)

Mailing Address:____
(Street or P.O. Box) (City) (State) (Zip)

Home Telephone: (________)__________________

Date of Birth:_________________________ Social Security Number:________________________________

Email Address:____

Race (please circle one): White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Island Not Listed or Prefer Not to Answer Not Applicable

Gender (please circle one): Male Female Prefer Not to Answer Not Applicable

Ethnicity (please circle one): Hispanic Non-Hispanic Prefer Not to Answer Not Applicable

Employer Name:____
(Firm Name) (Telephone Number)

____
(Street and P.O. Box if any) list both Street and P.O. Box (City) (State) (Zip)

Employing Facility:____
(Firm Name) (City) (State)

Employer Business Type: (please circle one): Unknown Individual Partnership Corporation Association LLC LLP Other

I am employed: Full Time_____ Part Time_____

1. Are you licensed or have you ever been licensed to practice podiatric medicine in a state **other** than South Dakota? ☐ Yes ☐ No

   Give State ________________Licensed from _____________to __________Number___________________

   Give State ________________Licensed from _____________to __________Number___________________

If yes, please contact the board office(s) in the state(s) and request they submit a license verification on your past or current license. They will need to mail or email the verification **direct from their office** to the South Dakota Board of Podiatry Examiners at the address listed on the front page of this application or it may come by email to office@sdlicensing.com

2. Have you ever been licensed to practice podiatric medicine in South Dakota? ☐ Yes ☐ No
   If yes, licensure #__________ from_________ to__________.

3. Has any state rejected your application or revoked/suspended your professional license?
   ☐ Yes ☐ No

   If yes, give complete details on a separate sheet.

4. Has any State Board of Examiners determined that you committed unprofessional conduct?
   ☐ Yes ☐ No

   If yes, give complete details on a separate sheet.

5. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgement or suspended imposition of sentence or had a prosecution deferred with respect to a felony? ☐ Yes ☐ No

6. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *It is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor. ☐ Yes ☐ No

Please Note*: if you answered yes to 5 or 6, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of the violation. Please put correct correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation.* **This does not include records that have been sealed, expunged, or pardoned.**

7. Is your spouse an active-duty member of the armed forces? ☐ Yes ☐ No
   If yes, was your spouse subject to military transfer to South Dakota? ☐ Yes ☐ No
   If yes, did you leave employment to accompany your spouse to South Dakota? ☐ Yes ☐ No

* *

COLLEGE EDUCATION

Was your program a recognized school of Podiatry by the Council on Education of the American Podiatric Medical Association. ☐ Yes ☐ No Please have official doctoral college transcripts sent directly to the Board of Podiatry by the registrar of your College/University.

Name and Location of College/University	Dates Attended From	To	Major Field	Degree Granted
(include advanced degrees and advanced study)				

* *

POST GRADUATE TRAINING

This section applies only to applicants who graduate from podiatric college after July 1, 1995 (see SDCL 36-8-24).

Was your program approved by the Council of Podiatric Medical Education? ☐ Yes ☐ No Please list the location of your post graduate training.

Organization:____Dates:________________________

Supervisor Name and License number:____

Address:____

Organization:____ Dates:____________________

Supervisor Name and License number:____

Address:____

EXAMINATIONS

1. Have you taken Parts I, II, and III of the American Podiatric Medical Licensing Examination (APMLE)? ☐ Yes ☐ No

   (Please have a certified record of your scores sent directly to the board office from the examination board.)

* *

REFERENCES

List two professional references who can attest to your competency as a Podiatrist. Please request each reference to send a letter to the Board of Podiatry Examiners.

1. Name:____________________________________Occupation:__________________________________

   Address:____Phone:___________________

2. Name:____________________________________Occupation:__________________________________

   Address:____Phone:___________________

* *

BY APPLYING FOR LICENSURE TO THE SD BOARD OF PODIATRY EXAMINERS, I :

* Authorize Board representatives to consult with others who have been associated with me and/or who may have information regarding my competence and qualifications.

* Consent to Board representatives' inspection of all records and documents that may be material to an evaluation of my professional qualifications and competence to carry out the privileges I request, of my physical and mental health status and of my professional and ethical qualifications.

* Release from any liability all Board representatives for their acts performed in good faith and without malice in connection with evaluation of me and my credentials.

* Release from any liability all individuals and organizations who provide information, including otherwise privileged of confidential information, to the SD Board of Podiatry Examiners in good faith and without malice concerning my competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.

The Board of Podiatry Examiners does adhere to the Human Relations Act of 1972 an therefore does not discriminate against applicants on the basis of race, sex, religion or national origin. In accordance with the American with Disabilities Act if you require special accommodations, please contact the board office for assistance.

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APPLICANT SIGNATURE

____________________________________ ____

PRINT NAME as you wish it to appear on license DATE

NOTORIZATION

The applicant____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this________day of___________________,__________

My commission expires________________________

___________________________________ (Seal)
Signature of Notary Public

Rev. 7/2024