OKLAHOMA PODIATRIC MEDICAL EXAMINERS
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1470 email:licensing@okmedicalboard.org

A. **Requirements for application**

1. The applicant must be a graduate of a college of podiatric medicine which confers the degree of Doctor of Podiatric Medicine (D.P.M.) or its equivalent and is accredited by the Council on Education of the American Podiatric Medical Association.
2. The applicant must have taken Part I and Part II of the American Podiatric Medical Licensing Examination (AMPLE) and received a passing score on each part.

B. **Fees – All fees are non-refundable.** Fees for application must be paid online by credit card, debit card, or EFT from checking or savings account. Fees returned by the payer's financial institution must be replaced by a certified check or money order and include a $30 returned check processing fee.

Podiatric Training License Application Fee	**$50**

C. **General Application Process**

1. Board staff may contact other sources for verification of information contained in the application. The application will not be considered complete until all requested documentation has been received.
2. Even though an application is complete and all requirements are satisfied, there is no guarantee that the Board will grant licensure. The board may discover information or find exceptions that prevent them from approving an application. In such an event, the Board will clearly state the basis upon which such exceptions have been made.
3. A written request for a personal appearance must be sent to our office no later than fourteen (14) days before the meeting.
4. All applications expire one (1) year after original submission date.
5. Contact the Licensing Department at (405) 962-1470 with any questions or assistance.
6. The Secretary of the Board is authorized to issue a training license to podiatric residents.

D. **Application**

1. All sections must be completed to the best of your knowledge. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information.
2. Any "yes" answer in the Question section of the application must have an explanation in comments section. If you answer "yes" to the question regarding previous arrests, you must provide all available police reports, arrest records, and court documents.
3. A detailed chronological history is required. Begin with listing the podiatric medical education to present. All employment, military service, and non-work time (i.e. unemployed, stay at home parent, etc.) must be provided.

E. **Forms – All forms can be found in the Forms tab of the Resources section.**

1. **Extended Background Check** – Applicants for licensure are required to request an Extended Background Check from the Board's approved provider. The link to the approved provider can be found on the Forms page above.
2. **Evidence of Status** - To verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit the required supporting documentation with their application.
3. **College of Podiatric Medicine** – Graduation from a college of podiatric medicine must be verified by an official transcript of grades with degree posted, submitted directly from the institution.
4. **Post-Graduate Training** – All completed and current podiatric surgical residency must be verified by submitting **Form #2 (Verification of Graduate medical Education)** signed by the program director. The form must be submitted directly to the Board by the residency program.
5. **National Board Scores** – Applicant must request examination scores be submitted to the Board directly from the Federation of Podiatric Medical Boards (FPMB) website, www.fpmb.org.
6. **Verification of Licensure** – Verification of all podiatric licenses ever held in the United States, Territory of the United States, and Canada must be sent by the respective Licensing Board directly to the Oklahoma Board office. Applicant must contact the respective Licensing Board and request verification to be sent directly to the Oklahoma Medical Board by email to licensing@okmedicalboard.org.