

**STATE BOARD OF PODIATRY  
BUREAU OF OCCUPATIONAL LICENSES  
700 WEST STATE STREET, PO BOX 83720  
BOISE, IDAHO 83720-0063**

**APPLICATION FOR IDAHO PODIATRY LICENSE**

**INSTRUCTION FOR APPLICANTS**

1. This form is to be used by all applicants applying for a license to practice podiatric medicine in the state of Idaho.
2. Applicants will answer all questions fully. If incomplete, your application will be returned. This may result in its denial.
3. Credentials to be filed by all applicants:
  - a) Certified National Board results.
  - b) Unmounted passport photograph taken not more than one (1) year prior.
  - c) Proof of age. (copy of drivers license, birth certificate, military ID, or passport)
  - d) Official transcripts of all colleges attended sent directly to this office from the issuing authority.
  - e) Certified photostatic copy of Podiatric college diploma.
  - f) Certification of completion of a residency of no less than twenty four (24) months, a minimum of twelve (12) months of which must be surgical. (Note: Rule 401 waives the residency requirement for those who are applying by endorsement who graduated from school prior to 1993.)
  - g) Reference(s) of good moral character.
  - h) Payment made by check or money order payable to IBOL.  
Application fee \$200.00. Original license fee \$400.00. All returned checks are subject to a \$20.00 fee.
4. Additional credentials to be filed by all endorsement applicants:
  - a) Verification of licensure sent directly from the state(s) issuing authority of having practiced podiatry for three (3) of the last five (5) years.
  - b) Documentation of at least twelve (15) hours of continuing education within the last twelve months.
5. After you have answered all questions be sure to have the application subscribed and sworn to before a notary public and mail to:  
Bureau of Occupational Licenses  
PO Box 83720  
Boise, ID 83720-0063



APPLICATION FOR IDAHO PODIATRY LICENSE

(continued)

Where have you practiced podiatry since graduation?

Form with four rows for listing practice locations, each row containing fields for City, State, From, and To.

- 11. Have you ever been denied, or voluntarily surrendered a license to practice podiatry or any other health care profession in this or any other state or jurisdiction?
12. Have you ever been convicted of a felony or misdemeanor?
13. Have you ever had a license to practice podiatry or any other care profession revoked, suspended, or otherwise disciplined in this or any other state or jurisdiction?
14. Have you ever had any action taken by a peer review body, healthcare facility, insurance entities or professional medical society or association limiting your practice privileges or of a probationary nature?
15. Are you currently addicted to or dependant upon any drugs or alcohol?

If you answered Yes to questions 10, 11, 12, 13, 14, or 15 attach a separate sheet with detailed information regarding each Yes response. Please include a copy of the charges and final order, any probation or parole documentation, and other information that may be relevant.

Attach an unmounted passport photograph taken not more than one (1) year prior to the date of application.

Form for personal information: HEIGHT, WEIGHT, ATTACH PHOTOGRAPH, EYE COLOR, HAIR COLOR, HERE

APPLICANT'S AFFIDAVIT

I, \_\_\_\_\_, hereby certify under oath, that I am twenty one years of age and; that I am the person named in this application for a license to practice podiatry in the state of Idaho and; that all statements herein are made as a basis of consideration for the Idaho State Board of Podiatry to accept and consider as facts which concern my moral character, pre-professional and professional history and physical qualifications for the rights and privileges of a license to practice podiatry in the State of Idaho, all of which are true and correct and; I shall conform to the Code of Ethics of the Idaho Association of Podiatrists, the National Association of Podiatrists, the Rules and Regulations of the Idaho State Board of Podiatry and the laws of the State of Idaho and; to refrain from unethical, immoral or unprofessional conduct in my practice and; I shall not by any method or deceptive means make use of misrepresentations, misleading or untruthful statements to the public or my patients, on my professional cards, stationery, directories or any other medium and; I hereby agree that the violation of this pledge or any of the provisions of the Podiatry Practice Act of Idaho shall constitute cause sufficient for suspension, cancellation or revocation of the license granted to me and; I hereby authorize and grant the Idaho State Board of Podiatry the withdrawal of all the rights and privileges accrued to me there under.

Signature of Applicant

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

-SEAL-

Notary Public
My Commission Expires \_\_\_\_\_

STATE BOARD OF PODIATRY  
 BUREAU OF OCCUPATIONAL LICENSES  
 700 West State Street, PO Box 83720  
 BOISE, IDAHO 83720-0063  
 Phone: (208) 334-3233, Fax (208) 334-3945  
 Website: www.ibol.idaho.gov E-mail: POD@ibol.idaho.gov

**GOOD MORAL CHARACTER REFERENCE FORM**

**APPLICANT:** The Idaho Podiatry Board requires an application for licensure to include proof of good moral character. (Please note, you may duplicate this form)

1. Your Name: \_\_\_\_\_

**REFERENCE:** Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

2. Your Name: \_\_\_\_\_

3. How long have you known the candidate? \_\_\_\_\_

4. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague  Teacher  Supervisor  Personal acquaintance  Other \_\_\_\_\_

5. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: From \_\_\_\_\_ To \_\_\_\_\_, AND the candidate's title/position \_\_\_\_\_, AND the name of the organization \_\_\_\_\_

MM/DD/YY                      MM/DD/YY

6. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of Podiatry? ( ) Yes ( ) No  
 (If No, please explain on a separate sheet)

8. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Podiatrist? ( ) Yes ( ) No  
 If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of person completing reference form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number