Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

Licensure Application
for the
Commonwealth of Massachusetts Board of Registration in Podiatry

The Commonwealth of Massachusetts Board of Registration in Podiatry has authorized Professional Credential Services (PCS) to process its Podiatry licensure applications. **Applicants must submit all of their information, as indicated in these instructions, directly to PCS.** The Massachusetts Board of Podiatry is the final authority with respect to issuance of the license.

INSTRUCTIONS

All applicants for Massachusetts licensure must follow the process of either the "Initial Licensure" section or the "Licensure by Reciprocity" section as outlined below. All candidates must complete the licensure application, typewritten or neatly printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application must be answered.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or e-mail.

Toll-free: (877) 887-9727 E-mail: mapodiatry@pcshq.com

INITIAL LICENSURE

Candidates who have already completed their education at a Board approved school and have completed their residency or preceptorship must apply for Initial Licensure. PCS must receive the following to process your application:

a. A completed *Application for a Massachusetts Podiatry License,* including a 2x2 passport type photo and any supporting documentation.

b. *****An official transcript of a DPM degree program from an accredited podiatry college. Official transcripts must include your graduation date and carry the official seal of the school.

c. *****A certified transcript indicating passing scores for Parts I and II from the National Board of Podiatric Medical Examiners (NBPME). NBPME must send an official copy directly to PCS.

d. *Residency Program Affidavit* or *Preceptorship Program Affidavit* form indicating proof of completion of a one year residency or preceptorship under the supervision of an approved doctor. If applicant has completed a preceptorship, s/he should also include the Board's letter of approval of the preceptorship. The form is included with this application.

e. A completed criminal offender record information request form.

f. *****Three letters of recommendation attesting to the applicant's good moral character: one from the Podiatry school administration and two from individuals who have known the applicant at least 10 years. Letters from relatives are not accepted.

g. Payment of **$1,285.00**. (An additional license fee of **$86.00** will be collected once the application is complete and all other requirements for licensure have been met.) Two forms of payment are required. A **$900.00** payment must be a certified check or money order, payable to the National Board of Podiatric Medical Examiners. The second form of payment may be made with a VISA, MasterCard, or a certified check or money order payable to PCS for **$385.00**. Include your SSN on the front of the payments**. Fees are non-refundable and non-transferable.**

***** If you submitted a Limited Licensure application to PCS in the last 18 months, you do NOT need to submit these documents again.

Initial Licensure candidates are required to take the Massachusetts Jurisprudence examination and the National Boards, Part III. Candidates may schedule for Part III before completing their residency program but must have completed their postgraduate training. Upon completion of a one year residency program or within 90 days of completion, candidates may schedule for the Jurisprudence examination. Documentation signed by a Supervising Doctor must be sent to PCS regarding completion of the program.

After you are determined eligible for the examination, PCS will issue you an authorization to test (ATT) for the Jurisprudence examination and forward your completed National Boards, Part III examination registration form and examination fee to Thomson Prometric. Thomson Prometric will then send you an authorization to test (ATT) and scheduling instructions for the National Boards, Part III. PCS will report all examination scores to you as soon as they are received. See Jurisprudence testing information below.

The deadline to apply for the National Boards, Part III is **two weeks** before the Thomson Prometric Group Registration deadline listed on the NBPME Candidate Bulletin.

LICENSURE BY RECIPROCITY

Candidates who have been licensed in another state must apply by reciprocity. PCS must receive the following to process your application:

a. A complete *Application for a Massachusetts Podiatry License*, including a 2x2 passport type photo and any supporting documentation.

b. An official transcript of a DPM degree program from a Board approved Podiatry College. Official transcripts must include your graduation date and carry the official seal of the school.

c. A certified transcript indicating passing scores for Parts I, II, and III from the National Board of Podiatric Medical Examiners (NBPME). NBPME must send an official copy directly to PCS.

d. Three written statements asserting that you are of good moral character. One reference must be from your Podiatry School Administration and the other two must be individuals who have known you for at least 10 years. References from relatives are not accepted.

e. A completed criminal offender record information request form.

f. Verification of licensure from all states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state to request this document be sent to PCS on your behalf. The candidate must ask the state(s) that the candidate is currently licensed in, if that state would accept a Massachusetts candidate as a reciprocal candidate. The Board in question will need to submit this information in a letter and send to PCS. This is required for the file to be complete.

g. Payment of **$385.00** (An additional license fee of **$86.00** will be collected once the application is complete and all other requirements for licensure have been met.) Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include the applicant's name on the front of the payment. **Fees are non-refundable and non-transferable.**

Licensure by Reciprocity candidates are required to take the Massachusetts Jurisprudence examination. After you are determined eligible for the examination, PCS will issue you an authorization to test (ATT) for the Jurisprudence examination. Additional details provided below.

MASSACHUSETTS JURISPRUDENCE EXAMINATION

The Massachusetts Jurisprudence exam is offered on a daily basis in PSI testing facilities located throughout the United States. You will be notified of your Jurisprudence exam score on site after completing the test. Failing candidates will receive information about how to schedule a re-examination; failing examinees must wait 90 days before retaking the examination.

The Jurisprudence examination is one hour in length and contains multiple-choice questions. The examination's content domains are Chapter 249 of the Code of Massachusetts Regulations (CMR), Section 2.00 to 7.00; and Chapter 112 of the General Laws of Massachusetts, Sections 13 to 23 and Sections 61 to 65.

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INSTRUCTIONS

All candidates must complete the Limited Licensure application, typewritten or printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application must be answered.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or e-mail.

Toll-free: (877) 887-9727 E-mail: mapodiatry@pcshq.com

LIMITED LICENSURE REQUIREMENTS

Candidates who are entering into a one year residency or preceptorship must apply for Limited Licensure. PCS must receive the following to process your application for a Limited License:

1. A completed Application for a Massachusetts Podiatry Limited License, including a 2x2 passport type photo and any supporting documentation.
2. Documentation of appointment into a **one year only** residency of Board approved preceptorship as evidenced by letter from the program director.
3. A completed criminal offender record information request form.
4. Payment of **$275**. Payment may be made with a Visa, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**
5. An official transcript of a DPM degree program from a Board approved Podiatry College. Official transcripts must include your graduation date and carry the official seal of the school.

Candidates that wish to take their Part III National Exam during their residency must submit:

a. An official Transcript with a DPM degree and carry the official seal of the school. Transcripts must include your graduation date and carry the official copy directly to PCS.
b. A certified Transcript indicating passing scores for Parts I and II from the National Board of Podiatry Medical Examiners (NBPME). NBPME must send an official copy directly to PCS.
c. Three letters of recommendation attesting to the applicant's good moral character: one from the Podiatry school administration and two from individuals who have known the applicant at least 10 years. Letters from relatives are not acceptable.

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address:
Professional Credential Services, Inc.
Attn: MA Podiatry Coordinator
P.O. Box 198689
Nashville, TN 37219-8689

Overnight Courier Address:
Professional Credential Services, Inc.
Attn: MA Podiatry Coordinator
One Lakeview Suite 505
Nashville, TN 37214

Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689 (877-887-9727)

Application for a Massachusetts Podiatry License and/or Examination

Type of Applicant: ☐ Initial Licensure ☐ Licensure by Reciprocity ☐ Limited Licensure

A. Biographical Information. Provide your full name, date of birth, social security number, and mailing address. It is very important that this section be completed in full.

First Name | Middle Initial | Last Name | Other (Maiden)

Print your name as it should appear on your license

Have you previously filed an application? ☐ Yes ☐ No

Mailing Address and Contact Information

Street or PO Box

City | State | Zip Code

Telephone Number with Area Code | Fax Number | Email address

B. Education. Provide undergraduate and graduate college/university information, major, degree, and date of graduation. Be sure to include your Podiatry college. *Transcripts must be included in school-sealed envelopes sent with application OR sent to PCS directly from school.*

Undergraduate College/University	Location	Major	Undergraduate Degree & Date of Graduation
Graduate College/University	**Location**	**Major**	**Graduate Degree & Date of Graduation**

C. Licensure in other states. This section is applicable to persons who have ever or currently hold licenses issued by another state or governing body.

List all professional licenses/certifications you hold in the United States or any other country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

State	Profession/ License Number	Date Licensed	Current	Lapsed	Revoked/ Suspended	Probation

D. Disciplinary Questions. Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

		YES	NO
1.	Have you ever been convicted of a criminal offense and/or are there any criminal actions pending against you?	☐	☐
2.	Have you ever had your personal registration as a Podiatrist in any other state suspended or revoked and/or are there any Board actions pending against you?	☐	☐
3.	Has any disciplinary, termination or restrictive action been taken against you within the past ten years by: Government Authority (such as licensing board) Third Party Insurance Carrier Professional Association or Organization Hospital	☐	☐
4.	In the last ten years, have you been the defendant in a civil proceeding which resulted in a settlement or a judgement against you?	☐	☐
5.	CLAIMS MADE: Has any medical malpractice claim been made against you which has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim?	☐	☐
6.	CLAIMS RESOLVED: Has any medical malpractice claim against you been settled, adjudicated or otherwise resolved, whether or not a lawsuit was filed in relation to the claim?	☐	☐
7.	Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice podiatry, or your professional conduct on the practice of podiatry, been filed against you by a patient, or been settled, adjudicated or otherwise resolved?	☐	☐
8.	Have you been convicted of any criminal offense, other than a minor traffic violation?	☐	☐
9.	Have you been formally charged with or disciplined for any violation of the rules, bylaws or standards of practice of any governmental authority, health care facility, group practice, professional society or association?	☐	☐
10.	Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied, or restricted by any state or federal agency?	☐	☐
11.	Have you withdrawn an application for a podiatry license or been denied a podiatry license for any reason?	☐	☐
12.	Has any professional liability insurance provider restricted, limited, terminated, or imposed a surcharge on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider?	☐	☐
13.	Have you been diagnosed with or do you have a medical condition which limits or impairs your ability to practice podiatry?	☐	☐
14.	Have you, in the last two years, engaged in the use of any chemical substance(s) which in any way interfered with your ability to practice?	☐	☐
15.	Have you voluntarily modified or otherwise limited your scope of practice of podiatry for any reason other than a medical condition?	☐	☐

E. General Questions.
Answer each of the questions listed below. If you answer no to any, please attach an explanation.

1.	Pursuant to M.G.L. Chapter 62C, section 49A, I have filed all Massachusetts state tax returns and have paid all state taxes required under law.	☐	☐
2.	Pursuant to M.G.L. Chapter 119, section 51A and M.G.L. Chapter 112, section 1A, I certify I will fulfill my obligation to report the abuse or neglect of children.	☐	☐

F. Special Accommodations.
In accordance with the Americans with Disabilities
Act, special accommodations will be provided at the examination site for applicants who qualify.

☐ Check here if you require special accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

G. Affidavit. By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

By my signature below, I certify, under the pains and penalties of perjury, that:

1. I am the applicant named in this application and by date of birth is _____MM _____DD_____YY.
2. My Social Security Number issued by the US Social Security Administration_____-_____-_____*
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Podiatry to deny, suspend, or revoke a license to practice as an Podiatrist, in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Massachusetts Board of Registration in Podiatry, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s.1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. The Massachusetts Board of Registration in Podiatry, Division of Professional Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for Podiatry license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.
8. I understand that all fees are non-refundable and non-transferable.

H. Applicant Signature. Applicant MUST sign in the presence of a Notary Public and list date of birth.

Applicant's Signature (signed in the presence of a Notary Public) & Date of Birth

*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth. Accordingly, no application will be PROCESSED without the inclusion of YOUR valid **SOCIAL SECURITY NUMBER.**

I. Applicant Photo and Notary. Applicant must attach a 2"x2" passport size photograph to the application. Photocopies or computer generated photographs **are not** acceptable.

Notary section must be completed entirely to avoid delays in the application process.

Affix Applicant's Photograph Here

Affix Seal of Notary

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ (Applicant's name), proved to me through satisfactory evidence of identification, which was _____ (type of identification presented), to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

_____ (Official signature)

_____ (Name & commission expiration of Notary)

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Have the affidavit that applies to you completed.

RESIDENCY PROGRAM AFFIDAVIT

I, _____, certify that _____
(Doctor's Name) (Applicant's Name)

*has completed / will complete [circle one] an approved residency program of Podiatric Medicine and

Surgery at _____ which began on _____,
(Name of Institution) (Month and day)

20_____ and ended/will end on _____, _____.
(Year) (Month and day) (Year)

_____ _____
(Date) (Signature of Supervising Doctor)

PRECEPTORSHIP PROGRAM AFFIDAVIT

I, _____, certify that _____
(Doctor's Name) (Applicant's Name)

*has completed / will complete [circle one] an approved residency program of Podiatric Medicine and

Surgery at _____ which began on _____,
(Name of Institution) (Month and day)

20_____ and ended/will end on _____, 20_____. I have included a
(Year) (Month and day) (Year)

log of my duties and responsibilities during my preceptorship.

_____ _____
(Date) (Signature of Supervising Doctor)

* **If you circle "will complete," please confirm expected date of completion: _____**
Documentation signed by a Supervising Doctor must be sent to PCS within 10 days of completion of residency or preceptorship.
Month/Day/Year

_____
Signature of Applicant

MassHealth Enrollment Requirement

Providers listed below must submit this form with your license application

Section 6401 of the Affordable Care Act requires that, for MassHealth services that must be ordered, referred or prescribed, the provider who ordered, referred or prescribed the service must be enrolled with MassHealth in order for the claim for the service to be payable.

The following provider types are eligible to order, refer or prescribe services for MassHealth members and, under state law, must apply to enroll with MassHealth at least as ordering and referring (nonbilling) providers in order to obtain and maintain state licensure. Providers who are already enrolled with MassHealth have already met the requirement and do not need to take further action.

Certified nurse midwife	Pharmacist (if authorized to prescribe)
Certified registered nurse anesthetist	Physician (including interns and residents)
Clinical nurse specialist	Physician assistant
Dentist	**Podiatrist**
Licensed independent clinical social worker	Psychiatric clinical nurse specialist
Nurse practitioner	Psychologist
Optometrist	

MassHealth has created a Nonbilling Provider Application for providers in provider types that are **not** eligible to enroll as fully participating providers. This application can also be used by providers who **are** eligible to enroll in MassHealth as fully participating providers but who choose not to at this time.

Providers who wish to apply to enroll as nonbilling providers must download the materials from the MassHealth website at http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html and send their completed and signed Nonbilling Provider Application and Nonbilling Provider Contract by mail to the MassHealth Customer Service Center (CSC) at:

MassHealth Customer Service Center
Attn: Provider Enrollment and Credentialing
PO Box 121205
Boston, MA 02112-1205

Dentists must submit their materials to:

MassHealth Dental Program
Attn: Provider Enrollment and Credentialing
P.O. Box 2906
Milwaukee, WI 53201-2906

Providers who enroll with MassHealth as nonbilling providers via the Nonbilling Provider Application are not fully participating MassHealth providers and are not eligible to submit claims to MassHealth.

Providers who have questions, or, if eligible, would like to request a fully participating provider application should contact the MassHealth Customer Service Center at 1-800-841-2900 with any questions or, if eligible, to request a fully participating provider application.

You must complete this section and sign below in order for your license application/renewal to be processed

___ I am already enrolled with MassHealth as a fully participating provider or a nonbilling provider

OR

___ I have submitted a thoroughly completed fully participating or nonbilling provider application and signed provider contract to MassHealth

By signing this form, you are providing your consent for the Massachusetts Boards of Registration and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your MassHealth application and enrollment status and Massachusetts licensure status.

I certify under the pains and penalties of perjury that the information on this form has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

By: _____ (Signature)

Name: _____ (Printed Legal Name of Provider)

NPI: _____

Primary Service Location Address: _____

_____

Date: _____

PROFESSIONAL CREDENTIAL SERVICES, INC.

Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ❑ Certified Check
- ❑ Money Order
- ❑ Credit Card

Authorized payment amount: $ _____ Please check one: ☐ Visa or ☐ MasterCard

Card Number: _____-_____-_____-_____ Exp: ____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

Note: This document will be shredded after it has been processed.