



# Board of Podiatric Medicine

2829 University Avenue S.E., Suite 430 • Minneapolis, MN 55414-3245

Phone: (612) 548-2175 • Fax: (651) 201-2763

www.podiaticmedicine.state.mn.us

## APPLICATION FOR TEMPORARY PERMIT

### INFORMATION AND INSTRUCTIONS

Please read the directions carefully. If additional information is required, you may contact Ruth Grendahl, Executive Director, at the Minnesota Board of Podiatric Medicine.

#### **General Information**

The Board may issue a temporary permit to practice podiatric medicine to a doctor of podiatric medicine engaged in a clinical residency. The applicant must have been accepted into a program that meets Board requirements. The scope of practice of the permit holder is limited to the performance of podiatric medicine within the structure of the program within which the permit holder is enrolled.

The permit is issued for a period of twelve months and may be renewed for valid reasons, with the sponsor's consent. The permit expires after twelve months or upon licensure. It is revoked if the applicant engages in conduct that constitutes grounds for denial of a license, discontinues training or moves out of Minnesota.

#### **Program Qualifications and Evidence Required**

##### **1. Clinical Residency**

The residency program must be approved by the Council on Podiatric Medical Education (CPME) of the American Podiatric Medical Association.

#### **Forward the following to the Board office:**

- Assurance that the residency is approved by the CPME
- Evidence of the beginning and ending dates of your residency
- A letter from the supervising podiatrist verifying your acceptance into the program
- Other information as specified on the application form

## **APPLICATION INSTRUCTIONS:**

- Complete the Application for Temporary Permit
- Request proof of acceptance into a residency program
- Request other required documents to be sent to the Board office
- Send the Application for Temporary Permit and a check for \$250 to the Board of Podiatric Medicine, 2829 University Ave. SE, Suite 430, Minneapolis, MN 55414-3245

**Note:** For those applicants starting a residency beginning on July 1, the application and all required documents should be received at the Board office early in the month of June so that the Temporary Permit can be issued before the start date of the post-graduate training program.



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## APPLICATION FOR TEMPORARY PERMIT

This application is authorized by Minnesota Statutes 153 and will be used to determine your qualifications for a temporary permit. Although you are not legally required to supply the information requested in this application, failure to supply the information could result in the denial of a temporary permit.

The information you supply will become part of your permanent file. Except for your social security number, this file becomes a public record when the temporary permit is granted. Until the permit is granted, the information you supply, except for your name and address, is classified as private data, accessible only to you, the Board of Podiatric Medicine, its employees and agents, and employees and agents of the Minnesota Attorney General's Office representing the Board. In accordance with statutes and rules, application information may also in some circumstances be disclosed to certain other persons or entities, including the Office of Administrative Hearings and any reviewing court.

Falsification or omission of information provides grounds for denial of a permit.

Name (Last, First, Middle)	Previous	Phone No. Home: Cell: Pager:
Mailing Address		City, State, Zip
Email address		Social Security No.
Date of Birth (Mo/Day/Year)		Sex
Name of College of Podiatric Medicine		Graduation Date (Month/Day/Year)

**Note: The Board must receive a complete, official transcript of your education directly from the educational institution. The transcript must contain the date of graduation, the degree granted and the original seal of the college.**

### National Board of Podiatric Medical Examiners Examination:

Part I	Date Completed:
Part II	Date Completed:

**Note: Official copies of your scores with an original seal are to be forwarded directly to the Board.**

**Provide the following information about the DPM submitting a personal recommendation for you:**

Name of Podiatrist:	State in which licensed:
Address	City, State, Zip

**Your recommending DPM must complete the attached form and mail it directly to the Board office.**

**Complete the section corresponding to your answer shown above and provide documentation of acceptance into the post-graduate program.**

**Clinical Residency:**

Name of Sponsoring Institution
Address (street, city, state, Zip code)
Is this program currently approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Supervising DPM

I hereby apply for a temporary permit to practice podiatric medicine in Minnesota under supervision while participating in a residency program of organized study. The undersigned does hereby affirm that the statements contained in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Notary Seal or Stamp

**For Office Use Only:**

Permit Fee rcv'd \$	Date Paid	Deposit #
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## PERSONAL RECOMMENDATION

Applicant's Name: \_\_\_\_\_

**Instructions: The applicant named above has requested that you to provide a personal recommendation. After you complete this form, please mail it directly to the Board of Podiatric Medicine at the address shown above.**

1. How long have you known the applicant? \_\_\_\_\_

2. What has been the nature of your relationship with the applicant?  
\_\_\_\_\_

3. How would you characterize the moral conduct, professional conduct and professional ability of the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Would you recommend that the applicant be granted a temporary permit? If not, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by:

Name:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

States in which I hold current, active licenses:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_