

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Podiatry
7 Eagle Square
Concord, N.H. 03301
Telephone 603-271-1203 · Fax 603-271-6702

In order for you to receive consideration for reinstatement, it will be necessary for you to complete the following requirements:

1. Personal information must be completed in full by the applicant.
2. The Board requires TWO LETTERS OF REFERENCE, **originals on professional letterhead**, from two licensed podiatrists who have known the applicant for at least one year and can attest to your moral and professional character and must state in what context or capacity the individual has known you. (Should not be provided by relative of the applicant.)
3. Clearances sent directly from all states where applicant holds or has ever held a license. Please use form attached to the application.
4. Curriculum Vitae is also required.
5. Photograph must accompany the application.
6. Signature of the applicant.
7. The application fee of \$300 must accompany the application. Please make check payable to TREASURER, STATE OF NEW HAMPSHIRE.

As soon as the completed application is received in this office, it will be acknowledged indicating whether it is complete or what requirements are missing.

Please do not make a firm commitment to start work on a certain date. Only applications which are complete, including all outside verifications, will be forwarded to the Board for review.

An application shall remain on current status for a period not to exceed 12 months.

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DPM REINSTATEMENT APPLICATION

FEE: \$300.00 - CHECK MADE PAYABLE TO: TREASURER, STATE OF NEW HAMPSHIRE.

Name: _____
(Please print) Last First Middle Maiden

Residence Address: _____

City/State/Zip: _____

Home Phone Number: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

PLACE OF EMPLOYMENT:

PRESENT PLACE OF PRACTICE: _____

BUSINESS ADDRESS: _____

_____ (PHONE) _____

PROPOSED PLACE OF EMPLOYMENT IN NEW HAMPSHIRE:

Facility Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Extension: _____

LICENSES:

States in which you currently hold or have ever held a registration/license:

LIC. #: _____

LIC. #: _____

LIC. #: _____

LIC. #: _____

(Clearances sent directly from all states is required. Please use form attached to the application)

Have you ever been disciplined in any state? _____ If yes, please provide information regarding the action.

PERSONAL AFFIDAVIT: I have never been in an institution for treatment of insanity, drug addiction, or inebriety, except as follows:

I have never been arrested nor summoned into court as a defendant, nor indicted, nor convicted, nor fined, nor imprisoned, nor placed on probation, nor has any case against me been filed, nor have I ever forfeited collateral whatsoever, except as follows:

THIS IS A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

YOUR SIGNATURE

Recent Photo

PLEASE PRINT OR TYPE YOUR NAME

DATE: _____

The following is to be filled out by the Board.

Application received _____, 20____.

Fee Paid: \$ _____ Date: _____, 20____.

Check Number _____

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RESPONSIBILITY OF APPLICANT
RELEASE OF INFORMATION FROM OTHER LICENSING AUTHORITIES

I am applying for a license to practice podiatry in the State of New Hampshire. The NH Board of Podiatry requires that the following form be completed by each jurisdiction in which I am now or was previously licensed. This constitutes your authority to release any and all information in your files, favorable or otherwise, directly to the **Board of Podiatry, 7 Eagle Square, Concord, New Hampshire 03301** (Telephone Number: 603-271-1203). Your early attention in this matter is appreciated.

(Signature)

(Please type your name)

(To be completed and returned directly to the NH Board at the above address by other Licensing Authority)

1. STATE OF: _____
2. FULL NAME OF LICENSEE: _____
3. LICENSE NUMBER: _____
4. IS LICENSE CURRENT? _____
(if not, please explain)
5. IS LICENSE RESTRICTED? _____
6. PREVIOUS DISCIPLINARY ACTION? _____
7. PENDING INVESTIGATIONS? _____

IF THE ANSWER IS YES TO QUESTIONS 5, 6 OR 7, PLEASE ATTACH SUPPORTING INFORMATION.

(BOARD SEAL)

(Signature/Title)

(Date)