

Podiatry Act, RSA 2000
Application for Registration as a Podiatrist

Requirements for Registration

Under the *Podiatry Act* (RSA 2000), an individual is eligible to register with the Alberta Podiatry Association to practise podiatric medicine in the Province of Alberta if the applicant

- (a) produces evidence satisfactory to the Council that the person is of good moral character and reputation,
- (b) has satisfied the registrar that the person is an adult and that the person's name has not been removed for cause from the register of a podiatry association or similar body in Canada or elsewhere,
- (c) produces a certificate of approval for registration issued by the Board of Examiners in Podiatry stating that the holder is qualified to practise podiatry, and
- (d) pays the registration fee prescribed by the bylaws.

To obtain a certificate of approval for registration, an applicant must have

- (a) graduated from a college of podiatric medicine in Canada or the United States approved by the Council on Podiatric Medical Education and received the degree Doctor of Podiatric Medicine recognized by the Board of Examiners
- (b) successfully completed Part 1 and Part 2 of the National Board of Podiatric Medical Examination
- (c) successfully completed the PM Lexis licensing examination; and
- (d) completed a one-year post-graduate residency program approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

If an applicant has been in practice and in good standing in the United States or Canada in a Province that has a D.P.M. standard of practice prior to July 1, 2002, the applicant is not required to have completed the PM Lexis exam or post-graduate residency program. Those who graduated between July 1, 2002 and June 30, 2005 must complete the PM Lexis exam and a one year post-graduate residency program and those who graduate from July 1, 2005 onwards require completion of the PM Lexis exam and a two year post-graduate residency program.

The application is in two parts. **Part I** is an application for a certificate of approval for registration from the Board of Examiners in Podiatry. **Part II** is an application for registration with the Alberta Podiatry Association. Both parts should be completed and forwarded to

Board of Examiners in Podiatry
17th Floor, Telus Plaza North Tower
10025 – Jasper Avenue
Edmonton, Alberta
Canada
T5J 2N3

PART I
THE BOARD OF EXAMINERS IN PODIATRY
APPLICATION FOR CERTIFICATE OF APPROVAL FOR REGISTRATION

Print or Type

Name: _____

Home Address: _____

City: _____ Province/State: _____ Postal Code: _____

Office Address: _____

City: _____ Province/State: _____ Postal Code: _____

Home Telephone #: _____ Work Telephone #: _____

PODIATRY EDUCATION

University/College: _____

Date of Graduation: _____ Degree: _____

University/College: _____

Date of Graduation: _____ Degree: _____

POSTGRADUATE RESIDENCY/FELLOWSHIP TRAINING

Hospital/Institution: _____

Date of Graduation: _____

Hospital/Institution: _____

Date of Graduation: _____

Hospital/Institution: _____

Date of Graduation: _____

POST - GRADUATE SURGICAL RESIDENCY

In order to be eligible to perform advanced podiatric surgery in the Province of Alberta, an applicant must have completed at least one-year post-graduate surgical residency program.

Please indicate which of the following you have completed:

PSR-12

POR-12

PSR-24

RPR-12

PSR-24+

PPMR-12

Program:

Dates:

PODIATRY LICENCES

Please list all Provinces/States or Countries where you have held a licence to practise podiatry.

Location: _____ Licence #: _____ Date Expires: _____

Location: _____ Licence #: _____ Date Expires: _____

Location: _____ Licence #: _____ Date Expires: _____

FEES AND SUPPORT DOCUMENTATION

Please provide the following:

1. A certified copy of your Podiatry School or College Diploma.
2. A certified copy of your residency certificate along with a copy of the certificate of the program's accreditation certificate from the American Podiatric Medical Association – Council on Podiatric Education.
3. A copy of your complete official transcript of academic record confirming that you have attained a Doctor of Podiatry Degree (to be sent by the school to the Secretary, Alberta Board of Examiners in Podiatry, 17th Floor, Telus Plaza North Tower, 10025 – Jasper Avenue, Edmonton, Alberta, Canada T5J 2N3).
4. A certified copy of the results and verification of successful completion of Part 1 and Part 2 National Board of Podiatric Medical Examinations.
5. A certified copy of the results and verification of successful completion of the PM Lexis examination.
6. A cheque in the amount of \$50.00 Canadian, payable to the Provincial Treasurer of Alberta.

PART II
ALBERTA PODIATRY ASSOCIATION
APPLICATION FOR LICENSURE

In addition to a certificate of approval for registration, which will be forwarded by the Board of Examiners in Podiatry, applicants must provide the following information:

PROFESSIONAL HISTORY

1. Have you ever had an application for podiatry licence rejected? Yes ___ No ___
2. Have you ever had a podiatry licence suspended or revoked? Yes ___ No ___
3. Have you ever had hospital privileges suspended or revoked? Yes ___ No ___
4. Have you ever been convicted of a crime for which you have not received a pardon? Yes ___ No ___

Note: If you answered “Yes” to any of the above questions, please provide written details.

BOARD CERTIFICATION

American Board of Podiatric Surgery	Board Qualified	Board Certified
American Board of Podiatric of Orthopaedics And Primary Podiatric Medicine	Board Qualified	Board Certified

PROFESSIONAL AFFILIATIONS

Please list all podiatric and other health professional associations with which you currently hold membership.

_____	_____
_____	_____
_____	_____
_____	_____

PROFESSIONAL REFERENCES

Attached are three character reference forms, which are to be completed by three separate individuals who are not related to you and are able to vouch for your professional character. At least two of these individuals must be either podiatrists or physicians.

REGISTRATION FEES

The fee for issuance of a certificate of registration is \$600.00. Please make your cheque payable to the Secretary, Alberta Podiatry Association.

Please note that this is in addition to the fee of \$50.00, paid to the provincial treasurer. There is also a fee for annual registration set in the bylaws of the Alberta Podiatry Association.

DECLARATION

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I have received and read a copy of the By-laws of the Alberta Podiatry Association and its Code of Conduct and I agree to comply with the same and pay all fees and assessments levied or assessed thereunder.

Dated this ____ Day of the Month _____ and Year _____

Signature

**Alberta Podiatry Association
Application for Podiatry Licence
CERTIFICATE OF MORAL CHARACTER**

Applicant: _____

I hereby certify that to the best of my knowledge, the above named applicant is of good moral character and he/she is not under the addicting influence of alcohol, narcotics or other habit forming drugs. I recommend the applicant for a licence to practise podiatric medicine in the Province of Alberta. I have been personally acquainted with the applicant for _____ years.

Name

Address

Profession

Signature

Date

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