Podiatrist
Ankle Surgery Privilege
Form 1PODPR

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Podiatric Ankle Surgery Privilege

Applicants Must Complete All Pages of this Application In Ink

Do not submit this form until you have completed all requirements for the privilege.

1 | 65 | $430 | IP

Date Approved

Initials

2 **Check what privilege you are applying for:**

☐ Standard Ankle Surgery ☐ Advanced Ankle Surgery

3 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

4 **Birth Date** Month ☐☐ Day ☐☐ Year ☐☐

5 **Print Name Exactly as it appears on Your New York State Podiatry License**

Last
First
Middle

6 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

7 **Telephone/E-Mail Address**

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

8 New York State Podiatrist license number: _____ Registration expiration date: _____ / _____ / _____
mo. day yr.

Or

☐ Application for New York State Podiatry license pending.

9 Complete this item if you are applying for the standard ankle surgery privilege (check one):

☐
- I graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.

☐
- I graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am board qualified, but not yet certified, in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board qualification submitted to the Department.
- I have acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.

☐
- I graduated before June 1, 2006 from a two-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.
- I have acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.

10 Complete this item if you are applying for the advanced ankle surgery privilege (check one):

☐
- I graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.
- I have acceptable training and experience in advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.

☐
- I graduated before June 1, 2006 from a two-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.
- I have acceptable training and experience in advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.

11 **Attestation**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial of the application and may result in criminal prosecution and/or the filing of charges of professional misconduct.

_____ _____ / _____ / _____
Applicant's Signature mo. day yr.

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual

whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the

statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.