



**10** Please check the appropriate box indicating how you intend to meet the requirements for the privilege for which you are obtaining experience under the permit.

New York State licensed podiatrists who must satisfy additional training and experience requirements can meet the requirements to obtain the podiatric **STANDARD ANKLE SURGERY PRIVILEGE** in one of the following two ways.

- Graduation on or after June 1, 2006, from an acceptable accredited three-year residency program in podiatric medicine and surgery; and
  - Board Qualification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
  - Training and experience\* in standard or advanced midfoot, rearfoot and ankle procedures that includes:
    - not less than ten ankle procedures in the past five years, provided that:
      - not less than five procedures must be osseous procedures, and
      - not less than five procedures must be soft tissue procedures.
- Graduation before June 1, 2006, from an acceptable accredited two-year residency program in podiatric medicine and surgery; and
  - Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
  - Training and experience\* in standard or advanced midfoot, rearfoot and ankle procedures that includes:
    - not less than twenty ankle procedures in the past five years, provided that:
      - not less than ten procedures must be osseous procedures, and
      - not less than ten procedures must be soft tissue procedures.

New York State licensed podiatrists can meet the requirements to obtain the podiatric **ADVANCED ANKLE SURGERY PRIVILEGE** in one of the following two ways.

- Graduation on or after June 1, 2006, from an acceptable accredited three-year residency program in podiatric medicine and surgery; and
  - Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
  - Training and experience\* in advanced midfoot, rearfoot and ankle procedures that includes:
    - not less than ten ankle procedures in the past five years, provided that:
      - not less than five procedures must be osseous procedures, and
      - not less than five procedures must be soft tissue procedures; and
    - not less than 15 procedures in the past ten years including:
      - not less than three ankle fracture fixation procedures;
      - not less than three ankle fusion procedures; and
      - not less than one ankle arthroscopy.
- Graduation before June 1, 2006, from an acceptable accredited two-year residency program in podiatric medicine and surgery; and
  - Certification in reconstructive rearfoot and ankle surgery by an acceptable national certifying board; and
  - Training and experience\* in advanced midfoot, rearfoot and ankle procedures that includes:
    - not less than twenty ankle procedures in the past five years, provided that:
      - not less than ten procedures must be osseous procedures, and
      - not less than ten procedures must be soft tissue procedures; and
    - not less than 15 procedures in the past ten years including:
      - not less than three ankle fracture fixation procedures;
      - not less than three ankle fusion procedures; and
      - not less than one ankle arthroscopy.

\*The procedures you perform during the residency program can count toward meeting the training and experience requirement if they meet the time limitation. For the advanced ankle surgery privilege only, the same procedure can count toward satisfying both the osseous/soft tissue requirements and the ankle fixation/fusion/arthroscopy requirements, if they meet the time limitation.

**11** Check to confirm that:

- I have completed an acceptable residency program in podiatric medicine and surgery as documented on Form 4PODPR which I have arranged to have submitted to the Department. I have also arranged to have proof of my board qualification/certification status submitted to the Department.

**12 Affidavit and Acknowledgment** (Notarization required.)

**Applicant**

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.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**Section II: Supervisor Information**

**Instructions for Prospective Supervisor**

1. A New York State licensed and currently registered podiatrist who holds an appropriate podiatric ankle surgery privilege or a licensed and currently registered physician who is board certified in orthopedic surgery must directly supervise all practice under a limited permit.
2. This ankle surgery limited permit is valid only for practice in a hospital or health facility pursuant to Article 28 of the Public Health Law.
3. Ankle surgery limited permits expire one year from the date of issuance and may be renewed for up to four additional one-year periods.
4. **It is unlawful for the applicant to begin practice before the Ankle Surgery Limited Permit is issued.**

**Attestation**

I certify that all ankle surgery procedures performed by this permittee under the ankle surgery limited permit for which I am the individual certifying training and experience will be performed under the direct supervision of a New York State licensed and currently registered podiatrist who holds an podiatric appropriate ankle surgery privilege or a licensed and currently registered physician who is board certified in orthopedic surgery.

Supervising Podiatrist/Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

New York State License number: \_\_\_\_\_

If Physician, Attach  
Orthopedic Surgery Board  
Certification

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**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.**