

Colorado Division of Registrations
Office of Licensing—Podiatry
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / FAX: (303) 894-7693
www.dora.state.co.us/registrations

REINSTATEMENT APPLICATION—PODIATRIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Podiatrist in this state without an active Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Podiatrists Practice Act, the Board's rules, and the Board's policies. The Practice Act and complete rules and policies are available online at www.dora.state.co.us/podiatrists.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for Applicants. All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2012 and August 31, 2012 will reflect a license expiration date of August 31, 2013. Licenses issued prior to May 1, 2012 will reflect an expiration date of August 31, 2012 and must renew in the upcoming renewal period.

- All Podiatrist licenses expire on August 31 each year and must be renewed to continue practicing.

APPLICANT CHECKLIST

To apply for reinstatement of your expired Podiatrist license:

- Submit a completed Reinstatement application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Complete an Online Self-Query for the National Practitioner's Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB) and submit the results.**
 - For instructions, contact NPDB-HIPDB at www.npdb-hipdb.hrsa.gov, or by phone at 1-800-767-6732.
 - Upon receipt of the results, send both reports (NPDB-HIPDB) directly to this office.
- Provide official verification that you hold an active license in at least one other jurisdiction.**
- Complete the *Report of Practice History* (Form POD6 attached).** Include appropriate letters of verification of active practice of podiatry. Letters must be original on letterhead with dates listed as month/year.
- Provide proof of Colorado malpractice insurance or letter of exemption.** [Refer to attached instructions.](#)
- Complete a Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.
- If your license has been expired for more than two years, you must demonstrate competency to practice.** Refer to the Competency to Practice section of the application for detailed instructions.

NOTE: If you need to submit evidence of successful passage of the PMLEXIS (National Board Part III) examination:

- ▶ Applications for the PMLEXIS (National Board Part III) examination for the state of Colorado are distributed on behalf of the Federation of Podiatric Medical Boards (FPMB) by Prometric/NBPME, 1260 Energy Lane, St. Paul MN 55108, phone (877) 302-8952, www.nbpme.org. Contact them directly for information to sit for the PMLEXIS Part III examination.
- ▶ To request that a copy of your National Board Part III examination scores be sent to the Colorado Podiatry Board, contact the Federation of Podiatric Medical Boards (FPMB), 6551 Malta Dr., Boynton Beach FL 33437, phone (561) 752-3735, www.fpmb.org.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Podiatry
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Select a License Status:

- Reinstatement with full **ACTIVE** status
 Reinstatement with **INACTIVE** status

Colorado Podiatrist License Number: _____ **Date License Expired:** _____

PART 1—APPLICANT INFORMATION

Name: Last:		First:	Middle:	Suffix:
Previous Name(s):				
Social Security Number: *		Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth (city and state, or foreign country):				
Mailing Address: <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business		PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ()			E-mail Address: <i>Preferred method for communication:</i> <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—LICENSE INFORMATION

A. Since the date your Colorado podiatrist license expired, have you been practicing as a podiatrist in the state of Colorado? <input type="checkbox"/> YES <input type="checkbox"/> NO					
B. List each jurisdiction, other than Colorado, in which you have held a license to practice podiatry, including temporary licenses and educational permits. (If necessary, attach an additional sheet using the same format.)					
Type of license	State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

PART 3—SCREENING QUESTIONS

1. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state licensing board of any complaint, investigation, or inquiry which is **currently pending**? YES NO
- ▶ **If YES**, give details below AND request official complaint and/or investigative report be sent directly to the Board from the licensing body, as well as personally submit a narrative regarding the complaint.

State	Date	Charge	Disposition

2. Have you ever entered into any agreement with any state, territory, district, country, U.S. government agency, or state licensing board regarding your podiatry license? YES NO
- ▶ **If YES**, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason

3. Have you ever been denied a license, permission to practice podiatry or any other healing art, or permission to take a licensing examination in any state, country, or U.S. federal jurisdiction? YES NO
- ▶ **If YES**, give details below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason for Denial

4. Have you ever voluntarily surrendered a license to practice podiatry or any other healing arts in any other state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee. YES NO
- ▶ **If YES**, summarize below AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Board. Also submit your narrative regarding the action taken.

Agency	Date	Reason

5. Have either your medical staff membership or clinical privileges at any hospital or healthcare facility or your DEA registration been voluntarily or involuntarily reduced, limited, placed on probation, not renewed or relinquished or have either been denied, revoked or suspended? You must answer YES if any of these actions are currently pending. You must answer YES if you have withdrawn or failed to proceed with an application for these items. YES NO
- ▶ **If YES**, summarize below AND request hospital or DEA to submit a report directly to the Board regarding the action. Also submit your narrative regarding the action taken.

Name of Facility	Date	Reason for Action

PART 3—SCREENING QUESTIONS (Continued)

6. Have you ever been charged, indicted, convicted, received a deferred prosecution, received a deferred judgment and sentence, entered a plea of guilty, entered a plea of *nolo contendere*, or been placed on adult diversion for any violation of any law? Note: It is unnecessary to report traffic offenses that do not involve alcohol or drugs. YES NO

▶ **If YES**, summarize below AND submit your narrative regarding the incident as well as court and police records and information regarding final disposition of the case.

Date	Court	Violation	Penalty or Disposition

7. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a podiatrist safely and competently? YES NO

8. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a podiatrist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO

▶ If you answered **YES** to **question 7 and/or 8**, submit explanation to the Board regarding the diagnosis or disorder(s). Be specific as to date of occurrences, the type of disorder involved, and what if anything has been done to treat the disorder. Please submit copies of any discharge summaries, evaluations, reports, DUI or DWAI records, police reports, and court records directly to the Board.

9. Within the last five years, has any final judgment, settlement or arbitration award for podiatric malpractice been paid on your behalf or has any claim been filed which is still pending? YES NO

▶ **If YES**, summarize below AND submit to the Board a completed malpractice Claims Information Form (attached) and a clinical narrative regarding your involvement in the case.

Date	Name and Address of Insurance Company	Reason for Action

10. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience? YES NO

▶ **If YES**, submit to the Board an explanation regarding the cancellation or increase in premiums of the insurance and verification directly from the insurance company to the Board.

PART 4—COMPETENCY TO PRACTICE

If your license has been expired two to five years, you must provide evidence of continued professional competence:

1. Submit official verification of a current podiatry license from another jurisdiction; **and**
2. Submit verification of active practice of podiatry where currently licensed; **and**
3. Submit three (3) original reference letters from podiatrists or physicians who have observed your practice and will attest to your professional competence.

If your license has been expired more than five years, you must provide evidence of continued professional competence:

1. Submit the evidence listed above; **and**
2. Provide verification of successful passage in the past of the PMLEXIS examination (National Board Part III), administered by NBPME.

Alternate method of establishing continued professional competence:

1. Submit evidence of successful passage of the PMLEXIS examination (National Board Part III), administered by NBPME, within the preceding 24 months; **and/or**
2. Comply with any other evaluation, education, training, and/or monitoring the Board may require to establish continued professional competence. Such requirements shall be at the discretion of the Board.

PART 5—MALPRACTICE INSURANCE CERTIFICATION

You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado law, or claim one of the exemptions set forth in the enclosed insurance memo. See instructions in the attached insurance memo, and **include proof of insurance (obtained from your insurance carrier) or include a statement setting forth the basis for the exemption claimed below.**

Exemption Claimed: _____

ATTESTATION

I hereby make application to reinstate my license to practice podiatry in the state of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal, and foreign) to release to the Colorado Podiatry Board or its successors any information, files, or records requested by the Board relative to my qualifications as a podiatrist and my eligibility for licensure.

Continuing Education: I attest, by my signature below, that in accordance with Board Rule 110 and C.R.S. 12-32-111, I have obtained a minimum of 10 hours of continuing education per year for each year my license was in a expired status, sufficient to maintain currency in the field of podiatry.

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Applicant

Date

Colorado Division of Registrations
Office of Licensing—Podiatry

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REPORT OF PRACTICE HISTORY

(See instructions on following page)

	Dates of Practice		Facility Name	Address (Street & Number, City, State, ZIP)	Reference (Name and Title)	Nature of Practice
	From mm/yyyy	To mm/yyyy				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Supplying false information in an application for a license is punishable by law.

I state under penalty of perjury in the second degree, as defined in Colorado Revised Statutes 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Podiatry Practice Act, providing false information is grounds for denial, suspension or revocation of a podiatry license.

 Applicant Signature

 Applicant Last Name (print)

 Date

Instructions for Completing Report of Practice History (POD6)

1. **List all of your experience in podiatric practice in chronological order for the last two (2) years, including:**
 - All residency and fellowship programs;
 - Clinic practice;
 - Private practice;
 - Any other medical practice or position;
 - Any hospital that you held privileges at during the last five years, including temporary privileges and consulting privileges;
 - All locum tenens positions; and
 - Breaks in the practice of podiatry of one month or greater.

2. **Request original letter(s) of verification covering the last two years for the above.**
 - Each letter must be an original on letterhead addressed to Office of Licensing—Podiatry.
 - Each letter must:
 - Verify dates of practice, including beginning month and year and ending month and year, nature of practice, and privilege status. Letters verifying employment history must list dates as month/year.
 - Include an evaluation of your skill level, aptitude, and ability to apply knowledge, and an assessment of your attitude and behavior toward your colleagues and patients.
 - Letters verifying hospital privileges must be written by the chief of staff or chief administrative officer.
 - Letters verifying private practice must be written by an associate or colleague.
 - If contracted by a locum tenens agency, one letter from that agency verifying all positions held will suffice.

**COLORADO PODIATRY BOARD
CLAIMS INFORMATION FORM**

Applicant: Complete this form for each liability or malpractice claim identified in the application Screening Question regarding malpractice.

Applicant Name

Telephone Number

Street Address and Number

City, State, Zip

1. On a separate sheet of paper, type your full name and provide a clinical narrative regarding each malpractice case(s) / allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description, which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided.

2. Indicate your position in case, i.e., resident, primary doctor, etc. _____

3. Case was filed against: Individual doctor Group Hospital

List names of other doctors and/or hospitals also named in the suit: _____

4. Plaintiff's Attorney and Telephone: _____

5. Is the claim pending? YES NO

6. Was there a judgment or settlement? YES NO

7. What was the amount and date of the judgment or settlement? _____

8. What amount was attributable to you, your insurance company, or your employer? _____

I certify that the information I have provided is correct to the best of my knowledge.

Signature

Date



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

Colorado Podiatry Board
Marshall S. Smith
Program Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

MEMORANDUM

TO: All Applicants for Colorado Podiatry Licensure

SUBJECT: Malpractice Insurance Requirements for Colorado Podiatry Licensure

C.R.S. 12-32-102(2) sets forth financial responsibility requirements to be met by all Colorado licensed podiatrists who perform surgical procedures. However, the Colorado Podiatry Board must, by rule, establish financial responsibility standards for podiatrists who do not perform surgical procedures. These rules have been adopted by the Colorado Podiatry Board in order to comply with the requirements of C.R.S. 12-32-102(2).

Pursuant to the requirements of C.R.S. 12-32-102(2), every podiatrist who performs surgical procedures as part of his or her podiatric practice, and who holds or desires to obtain a Colorado license, must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$1,000,000 per incident and \$3,000,000 annual aggregate per year. Every podiatrist who does not perform surgical procedures and who holds or desires to obtain a Colorado license must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$500,000 per incident and \$1,000,000 annual aggregate per year.

HERE IS WHAT YOU MUST DO IN ORDER TO MEET THE COLORADO INSURANCE REQUIREMENT FOR LICENSURE:

- A. IF you have malpractice insurance coverage valid in the state of Colorado at the time you submit your application, instruct your insurance carrier or Colorado postgraduate training program to submit an original statement directly to the Board office indicating the policy number, dates of coverage, amounts of coverage, and (for insurance companies located outside of Colorado) a statement affirming that the coverage is effective while you practice in Colorado.
- B. IF you do not have the required malpractice coverage at the time of application, and you meet one of the numbered exemption categories set forth in Board Rule 220, available online at www.dora.state.co.us/podiatrists/rules.htm, you must provide a signed statement to the Board claiming one of the specific exemptions set forth in the rule. (**Example:** "I currently reside outside of Colorado, and claim exemption B set forth in the attached rule. I understand that before I engage in any podiatric practice in Colorado, I must obtain the required insurance or an acceptable equivalent.")
- C. IF you do not have the required insurance coverage, and IF you do not meet one of the enumerated exemption categories set forth in the rule, you must obtain insurance coverage before your application will be considered complete and submitted to the Board for review. Under Colorado law, it is not sufficient for you merely to advise the Board that you will obtain insurance following issuance of your license.

