



PUBLIC PROTECTION CABINET
Department of Professional Licensing

Kentucky Board of Podiatry
P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 892-4259
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Andy Beshear
GOVERNOR
Jacqueline Coleman
LIEUTENANT GOVERNOR

Ray A. Perry
SECRETARY
Kristen Lawson
COMMISSIONER

Applicant Name: _____

Application Requirements:

- Application w/ Photo
- Fee \$300.00
- NBPME Transcript (Parts I, II, III-PM Lexis)
- Podiatry College Transcripts
- Undergraduate College Transcript(s)
- Clinical Evaluation from Podiatry School
- List of 4th year Rotations or Externships
- Residency Certificate or Letter from Director N/A
- NPDB (except new graduates)
- Verification from Other States Licensed In ___ ___ ___ N/A
- Three Character References
- KASPER, Pain Management,
or Addiction Disorders Course (1.5 hrs)
- Graduation Date ___ - ___ - ____
- FBI Background Check
- Podiatric College _____