



KENTUCKY BOARD OF PODIATRY

Andy Beshear
Governor

P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 892-4259
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Applicant Name: _____

Application Requirements:

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