



KENTUCKY BOARD OF PODIATRY

Andy Beshear
Governor

P.O. Box 1360
Frankfort, KY 40602
Phone: (502) 892-4259
Fax: (502) 564-4818

Applicant Name: _____

Application Requirements:

- Application w/ Photo
- Fee \$250.00
- 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 (1.5 hrs)
- Graduation Date - -
- FBI Background Check
- Podiatric College _____