

GUIDELINES FOR COMPLETING FORM 105 FOR SELF-ASSESSMENT

The following is a list of common errors and omissions made by applicants in the past. Please use this page as a checklist before sealing and mailing your application form and materials.

- ❖ The postmarked date is the date stamped upon your parcel by the U.S. Post Office or other postal delivery service. The arrival at Board Headquarters of your application materials after the postmarked date will not be a problem as long as the postmarked date is on or before the deadline.
- ❖ Section 2: We require all of the information requested in section 2. The address you provide for your office address will be the permanent address we use in our database. Therefore, if you ever change your address we must be informed, in writing. Failure to inform us can result in your not receiving important information from ABOPPM or even loss of your hard-earned status with us.
- ❖ Section 4 requires your current license, and a copy of that license (usually it's a smaller version, i.e., wallet size, a.k.a. registration copy). We do NOT require a copy of the original certificate (usually 8 ½" x 11") that you received from the state when you first became licensed, NOR a copy of your driver's license, NOR a copy of your Controlled Substance certificate.
- ❖ Section 6: Among other options, section 6b also asks if you ever voluntarily relinquished a license in any state. For example, you may have become licensed in another state previous to the current state in which you are practicing and have decided to allow that previous license to lapse (did not renew), expire or go inactive. If that is the case, 6b must be answered YES and you must include/list that license number in Section 4. Also, explain why you allowed it to lapse on a separate sheet of paper as requested at the end of section 6.
- ❖ Make certain you sign and date section 8.
- ❖ Section 9: Please submit all of the items listed in section 9.
- ❖ Be advised that missing or illegible information or the failure to include all fees, will delay the processing of your application. If you are unsure about any aspect of the application form, do not hesitate to call Board Headquarters. Please focus on printing legibly.



ABPOPPM

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For Office Use Only

1 2011 SELF-ASSESSMENT APPLICATION FORM 105

Deadline for Application Form 105 - July 7, 2012

NOTE: A completed application must be postmarked by the mailing agency by the dates indicated. No exceptions will be made for late applications. You are urged to mail your application materials via certified or registered mail. Any illegible entries may delay your application. **The address you enter below must be a daytime address at which you can receive mail for which you must sign.** Include suite or apartment number with all addresses. If your address changes after you submit this form, **you must inform us IN WRITING, IMMEDIATELY**. If you would like us to change our database to reflect your address, please check here _____. (please note, address listed in our database is available to the public)

2 Last Name _____, First Name _____, M.I. _____

Address _____, Suite or Apt. _____

City _____, State _____, Zip _____, Country _____

Date of Birth _____, Social Security Number _____

Office Phone (Required) () _____, Fax (Required) () _____

Home Phone (Required) () _____, Pager or Cell (Required) () _____

E-Mail Address (Required) _____

3 Membership in professional organizations:

APMA from ____ to ____; ABPS from ____ to ____; ACFAS from ____ to ____;
YMAP from ____ to ____; ACFAOM from ____ to ____

4 **Licensing: If applicable, list all states in which you hold a podiatry license. Enclose a copy of all CURRENT license(s)**

State	License #	Expiration Date

7 Payment of Application Fees

Application processing fee for all applicants (non-refundable)..... \$200*
plus Self-assessment (written examination)..... \$525**

These fees are non-refundable after July 7, 2012

* An additional \$200 will be withheld from your refund for withdrawals made less than 30 days prior to the examination.

** Candidates who do not request a refund prior to the examination, waive the right to have any of their Examination fee refunded. (See booklet entitled "Exam Information and Requirements for 2012")

Total Amount Enclosed:----- \$725

Payment method (Check one)

Check (Payable to ABPOPPM)

Visa Master Card Amex

Credit Card # _____ Exp. Date _____

Authorizing Signature _____

8 Disclosure

The information provided on or attached to this application is accurate and complete to the best of my knowledge. I fully understand and agree that, as a condition to making this application, any misrepresentation, misstatements, or omissions, whether intentional or unintentional, may constitute cause for automatic and immediate rejection of this application and/or membership status achieved with ABPOPPM

Signature _____ Date _____

9 Check List: Please include all applicable items below with your application

- 1) Total application/exam fee
- 2) Disclosure signed and dated
- 3) Photocopy of current state podiatry license(s)