

Wisconsin Department of Safety and Professional Services

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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PODIATRY AFFILIATED CREDENTIALING BOARD

CREDENTIALING INFORMATION FOR PODIATRIC MEDICINE AND SURGERY APPLICANTS

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **National Board Scores** Original score reports must be submitted directly from the testing agency. Both passing and failing scores are required. Copies sent from applicant, photocopies, online verifications, or faxes are not acceptable. Please request the testing agency mail your scores directly to DSPS, Attn: Podiatry Affiliated Credentialing Board, P.O. Box 8935, Madison, WI 53708-8935, email scores directly to DSpscMedBdAffiliates@wi.gov or fax with agency cover sheet/letter to 608-251-3036.
2. **Certificate of Professional Education (Form #1921)**
3. **Certificate of Postgraduate Training (Form #2480)**
4. **Verification of Licensure in Other State(s)** Please contact each state board you have ever held or current hold a podiatry license in and request verification of licensure be submitted directly to our Department. State Boards may email the verification directly to DSpscMedBdAffiliates@wi.gov or fax with agency cover sheet/letter to 608-251-3036.
5. **Examination on Wisconsin Law** An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of podiatry before a license can be issued in Wisconsin. Information for the online examination will be provided after an application for licensure has been received at DSPS.

Applicants **may** be required to complete an oral examination per Wis. Admin. Code § POD 1.06(1). If selected to appear for an oral examination, the applicant will be advised of the date upon completion of his or her application.

MALPRACTICE LIABILITY INSURANCE COVERAGE FOR PODIATRISTS:

Per Wis. Stat. § 448.655 a licensed podiatrist shall annually submit to the board evidence that the podiatrist has in effect malpractice liability insurance coverage in the amount of at least \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year or file an exemption under conditions stated below.

A copy of certificate of insurance showing limits of liability coverage and dates of coverage must be submitted to the Podiatry Affiliated Credentialing Board at the address listed above.

After you have been issued a WI Podiatry License, please send a copy of your Certificate of Insurance to our Department or if you qualify for an exemption, complete [\(Form #2700\)](#) and submit to our Department.

The Board may suspend, revoke, or refuse to issue or renew the license of a podiatrist who fails to procure or to submit proof of the malpractice liability insurance coverage required under Wis. Stat. § 448.655(3).

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
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| <input type="checkbox"/> Complete application and pay applicable fee(s) via LisencE . | <input type="checkbox"/> Convictions and Pending Charges (Form #2252), if applicable |
| <input type="checkbox"/> Certificate of Professional Education (Form #1921)* | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable |
| <input type="checkbox"/> Certificate of Postgraduate Training (Form #2480)* | <input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
| <input type="checkbox"/> National Examination Scores (sent directly from the National Board)* | |
| <input type="checkbox"/> Letters from all State Boards where licensed, active and inactive | |

*Not required for renewal applications submitted 5 years after expiration of WI credential. See Wis. Admin. Code § [Pod 4.03\(2\)\(b\)](#) for further information.

FEES:

Initial credential fee \$60.00

State law exam fee \$75.00

Additional late renewal fee - WI credential expired more than 5 years \$25.00