### Colorado Division of Professions and Occupations

#### Office of Licensing—Podiatry

1560 Broadway, Suite 1350 Denver, CO 80202

Phone: (303) 894-7800 / Fax: (303) 894-7693 www.dora.colorado.gov/professions

#### REACTIVATION APPLICATION—PODIATRIST

#### **APPLICANT INSTRUCTIONS**

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Podiatrist in this state without an active Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**Basic Requirements.** Requirements for licensure are outlined in the Podiatrists Practice Act, the Board's rules, and the Board's policies. The Practice Act and complete rules and policies are available online at <a href="https://www.dora.colorado.gov/professions/podiatrists">www.dora.colorado.gov/professions/podiatrists</a>.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at <a href="https://www.dora.colorado.gov/professions/hppp">www.dora.colorado.gov/professions/hppp</a>.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at <a href="https://www.dora.colorado.gov/professions/onlineservices">www.dora.colorado.gov/professions/onlineservices</a>.

Checking Your Application Status. Visit Online Services at <a href="www.dora.colorado.gov/professions/onlineservices">www.dora.colorado.gov/professions/onlineservices</a> to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

#### APPLICANT CHECKLIST

| То арі | oly to reactivate your inactive Colorado Podiatrist license:   |
|--------|--|
|        | <b>Complete the attached application.</b> Return the completed application and all supporting documentation to the Office of Licensing.  |
|        | Enclose the non-refundable application processing fee. See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to <i>State of Colorado</i> . All fees are non-refundable and subject to change every July 1.   |
|        | <b>Provide documentation of any name change.</b> If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).  |
|        | Complete an Online Self-Query for the National Practitioner's Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB) and submit the results.  |
|        | For instructions, contact NPDB-HIPDB at <a href="www.npdb-hipdb.hrsa.gov">www.npdb-hipdb.hrsa.gov</a> , or by phone at (800) 767-6732.   |
|        | Upon receipt of the results, send both reports (NPDB-HIPDB) directly to this office.   |
|        | Provide official verification that you hold an active license in at least one other jurisdiction.  |
|        | <b>Complete the </b> <i>Report of Practice History</i> (Form POD6 attached). Include appropriate letters of verification of active practice of podiatry. Letters must be original on letterhead with dates listed as month/year.   |
|        | Provide proof of Colorado malpractice insurance or letter of exemption. Refer to attached instructions.  |
|        | Complete an online Healthcare Professions Profile. Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at <a href="www.dora.colorado.gov/professions/hppp">www.dora.colorado.gov/professions/hppp</a> . You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. <a href="Your application is not considered complete">Your application is not considered complete</a> , and a license will not be issued until you have submitted the online profile. |
|        | If your license has been inactive for more than two years, you must demonstrate competency to practice. Refer to the Competency to Practice section of the application for detailed instructions.  |
|        | NOTE: If you need to submit evidence of successful passage of the PMLEXIS (National Board Part III) examination:   |
|        | Applications for the PMLEXIS (National Board Part III) examination for the state of Colorado are distributed on behalf of the Federation of Podiatric Medical Boards (FPMB) by Prometric/NBPME, 1260 Energy Lane, St. Paul MN 55108, phone (877) 302-8952, <a href="www.nbpme.org">www.nbpme.org</a> . Contact them directly for information to sit for the PMLEXIS Part III examination.  |
|        | ► To request that a copy of your National Board Part III examination scores be sent to the Colorado Podiatry Board, contact the Federation of Podiatric Medical Boards (FPMB), 6551 Malta Dr., Boynton Beach FL  |

Return your completed application packet and all supporting documentation to:

33437, phone (561) 752-3735, www.fpmb.org.

Division of Professions and Occupations
Office of Licensing—Podiatry
1560 Broadway, Suite 1350
Denver, CO 80202



### IMPORTANT NOTICE

**TO**: All Applicants

**FROM**: Director of the Division of Professions and Occupations

**SUBJECT**: Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.



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Reactivation Application **PODIATRIST** 

Fee: \$227

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

| Fees may be paid by a check of                            | or money order   | drawn in U.S. | dollars o | n a U.S. bank       | and made p                 | ayable to  | State of Colorado.              |
|---|--|---------------|-----------|---------------------|----------------------------|------------|---------------------------------|
| Colorado Podiatrist License                               | Number:  |               |           | Date Li             | icense Inac                | tivated: _ |                                 |
|   | DA   | ART 1—APPLIC  | ANT IN    | EODMATION           |                            |            |                                 |
| Name: Last:   | FA   | First:        | ZAINT IIN | FORWIATION          | Mido                       | lle:       | Suffix:                         |
| Previous Name(s):   |  |               |           |                     |                            |            |                                 |
| Social Security Number: *                                 |  | Date of       | Birth (m  | m/dd/yyyy):         |                            | Gender:    | ☐ Male ☐ Female                 |
| Place of Birth (city and state, or fo                     | oreign country):   | •             |           |                     |                            |            |                                 |
| Mailing Address:  This is a ☐ Home ☐ Business             | 0: 0: . 7:   |               |           |                     |                            |            |                                 |
| Daytime Telephone Number:                                 | Daytime Telephone Number: ( ) E-mail Address:  Preferred method for communication: |               |           |                     |                            |            |                                 |
|   |  | PART 2—LICE   | NGE INE   | OPMATION            |                            |            |                                 |
| A. Since the date your Color a podiatrist in the state of | rado podiatrist  |               |           |                     | been pract                 | icing as   | ☐ YES ☐ NO                      |
| B. List each jurisdiction, oth temporary licenses and e   |  |               |           |                     |                            |            |                                 |
| Type of license Sta                                       | ate/Country  | License Nu    | mber      | Year license issued | Disciplinar<br>against lie |            | Is this license current/active? |
|   |  |               |           |                     | ☐ YES                      | □NO        | ☐ YES ☐ NO                      |
|   |  |               |           |                     | ☐ YES                      | □NO        | ☐ YES ☐ NO                      |
|   |  |               |           |                     | ☐ YES                      | □NO        | ☐ YES ☐ NO                      |

<sup>\*</sup>Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

|     |   |   | APPLICANT NAME:  |                             |         |     |
|-----|---|---|--|-----------------------------|---------|-----|
|     |   | PART 3—MIL  | ITARY QUESTIONS  |                             |         |     |
| 1.  | Are you a Member of the U.S. If <b>YES</b> , provide information  | •   |  |                             | ☐ YES   | □NO |
| Bra | nch:  |   | Duty Station:  |                             |         |     |
| 2.  | Are you the spouse of an active hold a currently valid and active   If YES, refer to the Milit  | e credential to practice  |  | state?                      | YES     | □NO |
|     | www.dora.colorado.go  |   |  |                             |         |     |
|     |   |   |  |                             |         |     |
|     |   | PART 4—SCRE   | EENING QUESTIONS   |                             |         |     |
|     | <ul> <li>Have you ever been notified by a state licensing board of any comp</li> <li>If YES, give details below AN directly to the Board from the the complaint.</li> </ul> | plaint, investigation, or D request official comp                               | inquiry which is <b>currently</b> plaint and/or investigative in | pending?<br>eport be sent   | ☐ YES   | □NO |
|     | State   | Date  | Charge   | Dispe                       | osition |     |
|     |   |   |  |                             |         |     |
| 2.  | Have you ever entered into any a government agency, or state licer  ► If YES, give details below AN complaint, stipulations, orders   | nsing board regarding<br>D request all official di<br>s or reprimands be ser    | your podiatry license?<br>sciplinary documents inclu             | ding initial                | ☐ YES   | □NO |
|     | narrative regarding the action  | taken.  |  |                             |         |     |
|     | Agency  | Da  | ite  | Reason                      |         |     |
|     |   |   |  |                             |         |     |
| 3.  | Have you ever been denied a lice permission to take a licensing example.  If YES, give details below AN complaint, stipulations, orders submit your narrative regarding.    | amination in any state,<br>D request all official di<br>s, agreements or reprir | country, or U.S. federal ju<br>sciplinary documents inclu        | risdiction?<br>ding initial | ☐ YES   | □NO |

Date

Agency

**Reason for Denial** 

|            |  | PART 4—SCREENIN  | IG QUESTIONS (Contin  | nued)  |               |          |
|------------|--|--|---|--|---------------|----------|
| 4.         | Have you ever voluntarily surren other state, country, or U.S. fede expire solely due to non-paymen  ► If YES, summarize below AN complaint, stipulations, order submit your narrative regard                                    | eral jurisdiction? This of<br>it of the renewal fee.<br>ID request all official of<br>rs, agreements or repr | loes not include allowing<br>disciplinary documents in                        | your license to  | ☐ YES         | □NO      |
|            | Agency   |  | Date  | Reaso  | n             |          |
| 5.         | Have either your medical staff m or your DEA registration been vorenewed or relinquished or have if any of these actions are current to proceed with an application for If YES, summarize below AN regarding the action. Also su | pluntarily or involuntaring ither been denied, reporting. You muster these items.                            | ly reduced, limited, place evoked or suspended? Y tanswer YES if you have     | ed on probation, not fou must answer YES e withdrawn or failed directly to the Board | ☐ YES         | □ NO     |
|            | Name of Facility   | •  | Date  | Passa  | n for Actio   | 2        |
| <b> </b> — | Name of Facility   |  | Date  | Reasu  | II IOI ACLIOI | <u> </u> |
|            |  |  |   |  |               |          |
| 6.         | Have you ever been charged, inc deferred judgment and sentence been placed on adult diversion fo offenses that do <u>not</u> involve alco  If YES, summarize below AN police records and information                             | , entered a plea of guint<br>or any violation of any<br>hol or drugs.<br>ID submit your narrati              | ilty, entered a plea of no law? Note: It is unneces we regarding the incident | lo contendere, or ssary to report traffic  | ☐ YES         | □NO      |
|            | · _  |  |   | _  |               | • • •    |
|            | Date   | Court  | Violation   | <u>Per</u>   | nalty or Dis  | position |
|            |  |  |   |  |               |          |
|            |  |  |   |  |               |          |
| 7.         | Do you now abuse or excessivel used, any habit forming drug, incany accusation or discipline for a professional responsibilities; or becompetently?  | cluding alcohol, or any nisconduct, unreliabilit   | controlled substance the<br>ty, neglect of work, or fai                       | at has a) resulted in lure to meet   | ☐ YES         | □NO      |

APPLICANT NAME:

|    | PART 4—SCREENING QUESTIONS (Continued)   |            |         |
|----|--|------------|---------|
| 8. | In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a podiatrist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | ☐ YES      | □NO     |
|    | ▶ If you answered YES to question 7 and/or 8, submit explanation to the Board regarding the diagr<br>Be specific as to date of occurrences, the type of disorder involved, and what if anything has been<br>disorder. Please submit copies of any discharge summaries, evaluations, reports, DUI or DWAI re<br>reports, and court records directly to the Board.   | done to tr | eat the |
| 9. | Within the last five years, has any final judgment, settlement or arbitration award for podiatric malpractice been paid on your behalf or has any claim been filed which is still pending?  ▶ If YES, summarize below AND submit to the Board a completed malpractice Claims Information Form (attached) and a clinical narrative regarding your involvement in the case.  | YES        | □NO     |
|    | Date Name and Address of Insurance Company   | Re         | eason   |
|    | Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience?  ► If YES, submit to the Board an explanation regarding the cancellation or increase in premiums of the insurance and verification directly from the insurance company to the Board.  | YES        | □NO     |
|    | PART 5—COMPETENCY TO PRACTICE  |            |         |

APPLICANT NAME:

<u>If your license has been inactive two (2) to five (5) years</u>, you must provide evidence of continued professional competence:

- 1. Submit official verification of a current podiatry license from another jurisdiction; AND
- 2. Submit verification of active practice of podiatry where currently licensed; AND
- 3. Submit three (3) original reference letters from podiatrists or physicians who have observed your practice and will attest to your professional competence.

<u>If your license has been inactive more than five (5) years</u>, you must provide evidence of continued professional competence:

- 1. Submit the evidence listed above; AND
- 2. Provide verification of successful passage in the past of the PMLEXIS examination (National Board Part III), administered by NBPME.

#### Alternate method of establishing continued professional competence:

- 1. Submit evidence of successful passage of the PMLEXIS examination (National Board Part III), administered by NBPME, within the preceding 24 months; **AND/OR**
- Comply with any other evaluation, education, training, and/or monitoring the Board may require to establish continued professional competence. Such requirements shall be at the discretion of the Board.

| PART 6—MALPRACTICE INSURANCE CERTIFICATION   |
|--|
| You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado law, or claim one of the exemptions set forth in the enclosed insurance memo. See instructions in the attached insurance memo, and <b>include proof</b> of insurance (obtained from your insurance carrier) or include a statement setting forth the basis for the exemption claimed below.  Exemption Claimed:   |
|  |
| ATTESTATION  |
| I hereby make application to reactivate my license to practice podiatry in the state of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal, and foreign) to release to the Colorado Podiatry Board or its successors any information, files, or records requested by the Board relative to my qualifications as a podiatrist and my eligibility for licensure. |
| Continuing Education: I attest, by my signature below, that in accordance with Board Rule 110 and C.R.S. 12-32-111, I have obtained a minimum of 10 hours of continuing education per year for each year my license was in an inactive status, sufficient to maintain currency in the field of podiatry.   |
| I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.  |
| Applicant Signature Date   |

APPLICANT NAME: \_\_

#### Colorado Division of Professions and Occupations

#### Office of Licensing—Podiatry

1560 Broadway, Suite 1350

#### REPORT OF PRACTICE HISTORY

(See instructions on following page)

|    |   |               | - · · · · · · · · · · · · · · · · · · ·        |                               |                    |
|----|---|---------------|--|-------------------------------|--------------------|
|    | Dates of Practice<br>From To<br>mm/yyyy mm/yyyy | Facility Name | Address<br>(Street & Number, City, State, ZIP) | Reference<br>(Name and Title) | Nature of Practice |
| 1  |   |               |  |                               |                    |
| 2  |   |               |  |                               |                    |
| 3  |   |               |  |                               |                    |
| 4  |   |               |  |                               |                    |
| 5  |   |               |  |                               |                    |
| 6  |   |               |  |                               |                    |
| 7  |   |               |  |                               |                    |
| 8  |   |               |  |                               |                    |
| 9  |   |               |  |                               |                    |
| 10 |   |               |  |                               |                    |

|          | Supplying false inform<br>ty of perjury in the second degree, as defined in Color<br>wledge. I understand that under the Podiatry Practice |                            | ormation contained in this application is tr |  |
|----------|--|----------------------------|--|--|
| Applicar | nt Signature A   | pplicant Last Name (print) | Date   |  |

12/2012

# Instructions for Completing Report of Practice History (POD6)

## 1. List all of your experience in podiatric practice <u>in chronological order</u> for the last two (2) years, including:

- All residency and fellowship programs;
- Clinic practice;
- Private practice:
- Any other medical practice or position;
- Any hospital that you held privileges at during the last five years, including temporary privileges and consulting privileges;
- > All locum tenens positions; and
- Breaks in the practice of podiatry of one month or greater.

#### 2. Request original letter(s) of verification covering the last two (2) years for the above.

- Each letter must be an original on letterhead addressed to Office of Licensing—Podiatry.
- > Each letter must:
  - Verify dates of practice, including beginning month and year and ending month and year, nature of practice, and privilege status. Letters verifying employment history must list dates as month/year.
  - o Include an evaluation of your skill level, aptitude, and ability to apply knowledge, and an assessment of your attitude and behavior toward your colleagues and patients.
- Letters verifying hospital privileges must be written by the chief of staff or chief administrative officer.
- > Letters verifying private practice must be written by an associate or colleague.
- If contracted by a locum tenens agency, one letter from that agency verifying all positions held will suffice.

## COLORADO PODIATRY BOARD CLAIMS INFORMATION FORM

**Applicant:** Complete this form for each liability or malpractice claim identified in the application Screening Question regarding malpractice.

| Ар  | olicant Name Telephone Number  |
|-----|--|
| Str | eet Address and Number City, State, Zip  |
| 1.  | On a separate sheet of paper, type your full name and provide a clinical narrative regarding each malpractice case(s) / allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description, which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided. |
| 2.  | Indicate your position in case, i.e., resident, primary doctor, etc.   |
| 3.  | Case was filed against:  |
| 4.  | Plaintiff's Attorney and Telephone:  |
| 5.  | Is the claim pending?  |
| 6.  | Was there a judgment or settlement?  |
| 7.  | What was the amount and date of the judgment or settlement?  |
| 8.  | What amount was attributable to you, your insurance company, or your employer?   |
| l c | ertify that the information I have provided is correct to the best of my knowledge.  |



#### Division of Professions and Occupations Lauren Larson Director

**Colorado Podiatry Board** Marschall S. Smith Program Director

John W. Hickenlooper Governor Barbara J. Kelley Executive Director

#### MEMORANDUM

TO: All Applicants for Colorado Podiatry Licensure

SUBJECT: Malpractice Insurance Requirements for Colorado Podiatry Licensure

C.R.S. 12-32-102(2) sets forth financial responsibility requirements to be met by all Colorado licensed podiatrists who perform surgical procedures. Additionally, the Colorado Podiatry Board must, by rule, establish financial responsibility standards for podiatrists who do not perform surgical procedures. These rules have been adopted by the Colorado Podiatry Board in order to comply with the requirements of C.R.S. 12-32-102(2).

Pursuant to the requirements of C.R.S. 12-32-102(2), every podiatrist who performs surgical procedures as part of his or her podiatric practice, and who holds or desires to obtain a Colorado license, must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$1,000,000 per incident and \$3,000,000 annual aggregate per year. Every podiatrist who does not perform surgical procedures and who holds or desires to obtain a Colorado license must maintain professional liability insurance coverage with an insurance company authorized to do business in this state in a minimum indemnity amount of \$500,000 per incident and \$1,000,000 annual aggregate per year.

### HERE IS WHAT YOU MUST DO IN ORDER TO MEET THE COLORADO INSURANCE REQUIREMENT FOR LICENSURE:

- A. IF you have malpractice insurance coverage <u>valid in the state of Colorado at the time you submit your application</u>, instruct your insurance carrier or Colorado postgraduate training program to submit an <u>original statement</u> directly to the Board office indicating the policy number, dates of coverage, amounts of coverage, and (for insurance companies located outside of Colorado) a statement <u>affirming that the coverage is effective while you practice in Colorado</u>.
- B. IF you do not have the required malpractice coverage <u>at the time of application</u>, <u>and</u> you meet one of the numbered exemption categories set forth in Board Rule 220 (available online at <u>www.dora.colorado.gov/professions/podiatrists</u>), you must provide a signed statement to the Board claiming one of the specific exemptions set forth in the rule. (Example: "I currently reside outside of Colorado, and claim exemption B set forth in the attached rule. I understand that before I engage in any podiatric practice in Colorado, I must obtain the required insurance or an acceptable equivalent.")
- C. IF you do not have the required insurance coverage, <u>and</u> IF you do not meet one of the enumerated exemption categories set forth in the rule, you <u>must</u> obtain insurance coverage before your application will be considered complete and submitted to the Board for review. Under Colorado law, it is <u>not</u> sufficient for you merely to advise the Board that you will obtain insurance following issuance of your license.

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800 Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

