

IMPORTANT NOTICE

Before you send in your Part III registration form, please contact the State Board in the state in which you would like to be licensed. Your eligibility will be determined by the state once you satisfy the state's requirements. Prometric can only release your Authorization to Test (ATT) upon approval of the State Board.



National Board of Podiatric Medical Examiners Part III - Registration Instructions

Test Dates and Deadlines

June 3, 2009

(Prometric Registration Deadline: April 24, 2009)

December 2, 2009

(Prometric Registration Deadline: October 23, 2009)

It is very important that your registration form be completed carefully and accurately. The information you provide on this form will be used by Prometric to determine your eligibility for the examination and to mail your Authorization to Test (ATT). Type or print clearly all information requested except signatures. Enter all information in the appropriate box. Prometric will not be responsible if your ATT is delayed because you failed to maintain a current address with Prometric.

Send your registration form, transcript, and fee to the following State Boards who will, in turn, notify Prometric of your eligibility:

(Board addresses are listed in the Candidate Information Bulletin)

Illinois (vendor CTS)

Massachusetts (vendor PCS)

1. The registration fee is \$900. Send only a certified check, cashier's check, or money order payable to the National Board of Podiatric Medical Examiners (NBPME). Personal checks will not be accepted and will be returned; a \$25 service fee will be charged. (If your registration is incomplete, it will be returned along with your fee.)
2. Enter all information requested. Information regarding Social Security number, ethnic group, and gender are all optional. However, your Social Security number will be used as a secondary check in matching registration information and scores. The compiled information is for aggregate statistical purposes only; no names or individual scores will be identified with the data. It is for the exclusive use of the NBPME.
3. Read the statement of certification and sign the registration form at the bottom indicating that you received your DPM and confirming that you understand the confidentiality and conduct agreement.



National Board of Podiatric Medical Examiners Registration Form - Part III

Please read the instructions on the other side of this form before making entries.
All information must be typewritten or printed clearly using pen or pencil.

General Information

Name the state board where you wish to be licensed (one state only) _____	
Have you passed Part I? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you passed Part II? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you requested your DPM transcript from the registrar's office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Testing Window (choose one)	<input type="checkbox"/> June 3, 2009 (Registration deadline: April 24, 2009) <input type="checkbox"/> December 2, 2009 (Registration deadline: October 23, 2009)
<input type="checkbox"/> You are submitting ADA Special Arrangements Documentation.	
Test Fee Attached - \$900 (Certified check, cashier's check or money order made payable to NBPME)	

Candidate Information (Print clearly)

Last Name	First Name	Middle Initial
Street Address (ATTs and score reports will be sent to this address)		
City	State/Province	ZIP Code
Home Phone Number (including area code) ()	Fax Number (including area code) ()	
Email Address	Date of Birth (MM/DD/YYYY) - -	
Social Security Number (optional)	Gender (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you licensed as a podiatrist in any state(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, in which states?	State (Month/Year)	State (Month/Year)
	State (Month/Year)	State (Month/Year)

Podiatry School (Fill in graduation date and check one state box)

Graduation Date (Month and Year)		
<input type="checkbox"/> ARIZONA	<input type="checkbox"/> ILLINOIS	<input type="checkbox"/> OHIO
<input type="checkbox"/> CALIFORNIA	<input type="checkbox"/> IOWA	<input type="checkbox"/> PENNSYLVANIA
<input type="checkbox"/> FLORIDA	<input type="checkbox"/> NEW YORK	
Ethnic Group (Optional)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Mexican, Mexican American	<input type="checkbox"/> White, not Hispanic origin
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Other Hispanic or Latin American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Puerto Rican	

Candidate Certification

I, the undersigned, certify that the above information is correct and I have received my DPM. I confirm that I understand the following confidentiality and conduct agreement:

"The contents of this test are copyrighted, proprietary, and confidential. Disclosure or reproduction of any portion of it to any individual or entity for any purpose whatsoever is prohibited. Such activity will result in the invalidation of test scores and may result in civil and/or criminal prosecution.

I can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, or my scores might be canceled if there is substantial reason to believe through proctor observations, statistical analysis, and/or other evidence that my score may not be valid or that I was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of this examination."

Candidate Signature: _____ Date: _____