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Receipt #

ID #

Issue Date

License # \_\_\_\_\_

## State of Rhode Island Board of Podiatric Medicine

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

### *Instructions and Application For*

# Licensure as a Limited Podiatrist

#### MILITARY STATUS ELIGIBILITY

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

*LAST NAME*

*FIRST NAME*

*MI*

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

## LICENSURE REQUIREMENTS

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- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$65.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE.
- Affidavit from Superintendent or Administrator of the Hospital - (Section 9 within this application)
- Affidavit from Dean of the Podiatry School - (Section 10 within this application)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.
- All applicants must be 18 years of age or older; must be of Good moral character; completed not less than two (2) years of study in an accredited podiatry school and have an appointment as an intern, resident, fellow or podiatry officer in a hospital in Rhode Island

### **Rhode Island Controlled Substance Registration (CSR) - If applicable**

Completed Rhode Island Uniform Controlled Substances Act Registration Form (CSR) enclosed in this application to be used for that purpose.

Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$100.00**

In order to dispense, prescribe, store, or order controlled substances, **you must obtain a Rhode Island Controlled Substance Registration (CSR) and a Drug Enforcement Administration (DEA) Registration.** After you obtain your Rhode Island CSR you must apply for a federal DEA Number. That DEA number must be registered to a RI Business Address. An application for the federal DEA Number can be obtained by contacting DEA: DEA Phone Number (617) 557-2200. Web Site: [http://www.deadiversion.usdoj.gov/drugreg/reg\\_apps/](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/)

### **Licensure Information**

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address
Please use my Business Address as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license..

Type of School (High School, University, College, Trade/Technical School etc.)

Name of School

Date Graduated: State, Month, Day, Year

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

Is school accredited by the Council of Podiatric Medical Education of the American Podiatry Association? Yes No

9. Affidavit of Superintendent or Administrator of the Hospital

To be signed by the hospital administrator or superintendent of the hospital in which the applicant has received an appointment

NOTE: Your application will be returned to you if this section is not completed.

I hereby certify that the applicant: Name of Applicant

Is a Limited Podiatrist and will receive training as required.

Date Hired (as a Limited Podiatrist) Month, Day, Year

Hospital Name:

Name (Printed) of Hospital Official

Signature:

Date Signed Month, Day, Year

10. Affidavit of Dean of the Podiatry School

To be signed by the dean of the podiatry school.

NOTE: Your application will be returned to you if this section is not completed.

I hereby certify that the applicant: Name of Applicant

has creditably completed not less than two (2) years of study in

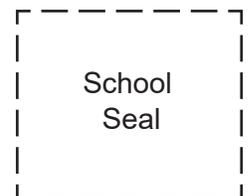
Name of Podiatry School

From: To: Month, Day, Year

Name (Printed) of Dean

Signature:

Date Signed Month, Day, Year





**13. Affidavit of Applicant**

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Podiatric Medicine any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as Limited Podiatrist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Podiatric Medicine of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)



IF Applying for CSR, this Application **MUST BE SUBMITTED ALONG WITH YOUR LICENSE APPLICATION.**  
Substitute forms are not acceptable

### Rhode Island Board of Podiatry

Room 104 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## Rhode Island Uniform Controlled Substances Act Registration (CSR)

I am applying for a Rhode Island Uniform Controlled Substances Act Registration (CSR). I understand that there is an additional \$100.00 fee for this Registration and that the check or money order must be made out to the "RI General Treasurer".

Print/Type Full Name _____	Rhode Island Business Name _____	
Signature _____	Rhode Island Business Address _____	Business Telephone _____
Date _____	Business Fax _____	

<p>Complete this application for registration to prescribe controlled substances in the State of Rhode Island</p>	<p>The Rhode Island Uniform Controlled Substances Act can be accessed at the following web Site: <a href="http://www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm">http://www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm</a></p> <p style="text-align: center;"><b>Drug Schedule (Check all that apply)</b></p> <p><input type="checkbox"/> Schedule II    <input type="checkbox"/> Schedule III    <input type="checkbox"/> Schedule IV    <input type="checkbox"/> Schedule V</p>
<p>A CSR is not required if there will be no controlled substances prescriptions prescribed in this state.</p>	<p><b>A Copy of the DEA Registration must be provided to the Board within 60 Days of its issuance by the DEA.</b> The DEA Registration must be issued to your Rhode Island Practice Address in order for it to be valid. If you are relocating from another state, you need to apply for a DEA Registration that is specific to Rhode Island. See The bottom of this form for information on how to contact DEA.*</p> <p>All Applicants MUST answer the following:</p>
<p>The CSR is renewed at the same time that the professional license is renewed.</p> <p><b>NOTE:</b> Read Important Information on the bottom of this application.</p>	<p>A. Has the applicant been convicted of, or entered a plea of nolo contendere to a violation of any state or federal law relating to manufacturing, distributing, possessing, prescribing, administering or dispensing of drugs presently defined as controlled substances under Chapter 21-28, General Laws of Rhode Island? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>B. Has the registration application or registration of the applicant, corporation, firm, partner, or officer of the applicant been surrendered, revoked, suspended or denied under any law of the United States or of any state relating to drugs presently defined as controlled substances under Chapter 21-28 of the General Laws of Rhode Island, or is such action pending? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p style="text-align: center;"><b>If you answered "Yes" to question "A" or "B" attach an explanation to this form.</b></p>

### Important Information

Issuance of a Rhode Island Controlled Substances Registration is contingent upon registration by the U.S. Drug Enforcement Administration. If denied a "DEA Registration", the Rhode Island Controlled Substances Registration becomes "VOID". Licensed drug facilities and licensed practitioners with prescriptive privileges cannot dispense, possess, store or ship controlled substances in or into the State of Rhode Island without a valid drug facility or professional license. Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. Practitioners may only prescribe, dispense, possess, and store controlled substances within their particular "scope of practice". "Controlled Substances" for purposes of this application, means a prescription drug in Schedules II through V, pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR and federal DEA Registration, licensed drug facilities, and practitioners with prescriptive privileges, may dispense or possess non-controlled prescription medications under its facility or professional license. A CSR will not be granted to an applicant whose BOARD licensure application is "pending" in this state.

A Rhode Island Controlled Substances Registration must be obtained prior to applying for the DEA Registration. Federal regulations require that applicants comply with individual state requirements prior to issuance of a DEA Registration. Once the CSR is issued, applicants must apply to the U.S. Drug Enforcement Administration for a federal registration using that agency's DEA Form 224 (New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner). Applicants may apply on-line for the DEA Registration at the following web site: [www.deadiversion.usdoj.gov/dru-greg/reg\\_apps/index.html](http://www.deadiversion.usdoj.gov/dru-greg/reg_apps/index.html)

\*You can also receive an application, or check the status of a pending DEA Registration by contacting the Drug Enforcement Administration at the following location:  
Registration Unit, US Drug Enforcement Administration, JFK Federal Building, 15 New Sudbury Street, Boston, MA 02203-0131, Telephone (888) 272-5174.

**NOTE:**

- Schedules II, III, and IV of section 21-28-2.08 will become void unless dispensed within thirty (30) days of the original date of the prescription.
- Prescriptions in schedules III, IV and V cannot be written for more that one hundred (100) dosage units and not more than one hundred (100) dosage units may be dispensed at one time. For purposes of this section, a dosage unit shall be defined as a single capsule, tablet or suppository, or not more than one (1) teaspoon of an oral liquid.
- Prescriptions in schedule II may be written for up to a 30-day supply, with a maximum of two hundred and fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.