# Rules of Department of Economic Development
## Division 230–State Board of Podiatric Medicine
### Chapter 2–General Rules

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 CSR 230-2.010 Application for Licensure by Examination</td>
<td>3</td>
</tr>
<tr>
<td>4 CSR 230-2.020 Professional Conduct Rules</td>
<td>8</td>
</tr>
<tr>
<td>4 CSR 230-2.021 Advertising Regulation</td>
<td>8</td>
</tr>
<tr>
<td>4 CSR 230-2.022 Podiatry Titles</td>
<td>9</td>
</tr>
<tr>
<td>4 CSR 230-2.030 Biennial License Renewal</td>
<td>9</td>
</tr>
<tr>
<td>4 CSR 230-2.040 Loss of License (Rescinded April 11, 1982)</td>
<td>10</td>
</tr>
<tr>
<td>4 CSR 230-2.041 Public Complaint Handling and Disposition Procedure</td>
<td>10</td>
</tr>
<tr>
<td>4 CSR 230-2.050 Reciprocity</td>
<td>13</td>
</tr>
<tr>
<td>4 CSR 230-2.060 Temporary Certificate (Rescinded September 11, 1987)</td>
<td>13</td>
</tr>
<tr>
<td>4 CSR 230-2.065 Temporary Licenses for Internship/Residency</td>
<td>13</td>
</tr>
<tr>
<td>4 CSR 230-2.070 Fees</td>
<td>13</td>
</tr>
<tr>
<td>4 CSR 230-2.071 Transitional Renewal Fees (Rescinded November 12, 1987)</td>
<td>14</td>
</tr>
</tbody>
</table>
Chapter 2—General Rules

4 CSR 230-2.010 Application for Licensure by Examination

PURPOSE: This rule outlines the requirements and procedures for obtaining a podiatry license by examination.

(1) Applications for a permanent Missouri license to practice podiatry must be made on the forms provided by the board.

(2) Every applicant for a permanent license graduating from a podiatric medical school in 1994 and after that shall provide the State Board of Podiatry with satisfactory evidence of having completed an acceptable postgraduate clinical residency.

(3) For purposes of this rule, a clinical residency is a formal, structured postdoctoral training program of at least twelve (12) months which is approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association. Clinical residency programs must be sponsored by and conducted in an institution such as a hospital, or conducted by a college of podiatric medicine accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

(4) Effective January 1, 2005, all applicants desiring to perform ankle surgery will be required to complete a twenty-four (24)-month residency in podiatric surgery.

(5) All applicants must be evaluated upon completion of the residency program by the residency director, using forms provided by the board, which will attest to the candidate’s competence in the practice of podiatric medicine and surgery.

(6) Upon completion of the residency program, all candidates must satisfy the board that s/he has not been the subject of disciplinary action concerning professional conduct or practice and meet other requirements as may be established by the board.

(7) Application forms may be obtained from the board’s executive director at P.O. Box 423, Jefferson City, MO 65102-0423. A copy of the current statutory provisions and board rules regarding the practice of podiatry will be provided with the application form.

(8) No application for examination will be considered unless it is fully completed and properly attested. Items necessary to complete the application include:
   (A) Each section on the application form itself;
   (B) A recent unmounted photograph two and one-fourth inches by two and one-fourth inches (2 1/4” × 2 1/4”);
   (C) The current examination fee and application fee;
   (D) An official transcript from a college of podiatric medicine;
   (E) A certified score report from the National Board of Podiatric Examiners; and
   (F) A copy of the applicant’s diploma evidencing graduation from an approved college of podiatry no larger than six inches by eight inches (6” × 8”).

(9) Applications must be received by the board’s executive director no later than thirty (30) days prior to the examination. Applications received or completed less than thirty (30) days before the next scheduled examination will not be considered for that examination, but will be considered for the following examination.

(10) Each applicant must successfully complete the examination administered by the National Board of Podiatric Medical Examiners (N.B.P.M.E.). In addition, each applicant must successfully complete the examination administered by the board. Beginning with the examination to be administered in December 1989, the board will administer the national board’s podiatric medical licensure examination for states, the PMLexis and an examination on Missouri law. The Missouri board recognizes applicants who passed the Virginia Licensing Examination in 1985 and through 1988 or the PMLexis in 1988 or later as fulfilling the requirement of passing the PMLexis. The Missouri board will recognize the standards for passage of either examination based on the standards established by the state administering the examination. Only those applicants achieving a passing score as established by the N.B.P.M.E. on the PMLexis administered by the Missouri board, and achieving at least ninety percent (90%) on the open book test on Missouri law, shall be deemed to have passed the board’s examination.

(11) All examinations will be conducted in the English language.

(12) No private examinations will be conducted by the board.

Rebecca McDowell Cook  (10/31/99)  CODE OF STATE REGULATIONS 3
STATE OF MISSOURI
STATE BOARD OF PODIATRY

APPLICATION FOR PODIATRY LICENSE

PLEASE TYPE OR PRINT. RETURN COMPLETED APPLICATION TO:
MISSOURI STATE BOARD OF PODIATRY, 3523 NORTH TEN MILE DRIVE,
P.O. BOX 423, JEFFERSON CITY, MO 65102

I hereby apply for a license to practice Podiatry in the State of Missouri, and submit for consideration the following proofs as required by the Missouri laws governing the practice of Podiatry, and by the rules of the State Board of Podiatry of Missouri.

1. NAME (FULL NAME, FIRST, MIDDLE, LAST)

2. PREVIOUS NAMES

3. SOCIAL SECURITY NUMBER

4. PLACE OF BIRTH

5. PRESENT ADDRESS

6. TELEPHONE NUMBER

7 INTENDED RESIDENCE

8 ARE YOU A MEMBER OF ANY LOCAL, STATE OR NATIONAL PODIATRIC SOCIETY OR ASSOCIATION?

☐ YES ☐ NO

IMPORTANT: EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.

9.

A. HAVE YOU EVER APPLIED FOR LICENSURE AS A PODIATRIST OR TAKEN THE EXAMINATION FOR LICENSURE AS A PODIATRIST IN ANY STATE OR TERRITORY?

☐ YES ☐ NO

IF YES, WHERE

WHEN

B. IF YES, WERE YOU EVER LICENSED BY THAT STATE OR TERRITORY? IF NO, EXPLAIN FULLY.

☐ YES ☐ NO

C. IF YOU WERE LICENSED BY THAT STATE OR TERRITORY, ARE YOU NOW LICENSED BY THAT STATE OR TERRITORY? IF NO, EXPLAIN FULLY.

☐ YES ☐ NO

D. HAS YOUR LICENSE EVER BEEN DISCIPLINED BY THAT STATE OR TERRITORY? IF YES, EXPLAIN FULLY.

☐ YES ☐ NO

10. HAVE YOU EVER BEEN CONVICTED, ADJUDGED GUILTY BY A COURT, PLED GUILTY, OR PLED NOLO CONTENDERE TO ANY CRIME (EXCLUDING TRAFFIC VIOLATIONS)? IF YES, EXPLAIN FULLY.

☐ YES ☐ NO

11. HAVE YOU EVER BEEN ADDICTED TO ANY DRUG OR ALCOHOL? IF YES, EXPLAIN FULLY.

☐ YES ☐ NO

12. HAVE YOU EVER BEEN CONVICTED, ADJUDGED GUILTY BY A COURT, PLED GUILTY OR PLED NOLO CONTENDERE TO ANY TRAFFIC OFFENSE RESULTING FROM OR RELATED TO THE USE OF DRUGS OR ALCOHOL? IF YES, EXPLAIN FULLY.

☐ YES ☐ NO

13. HAVE YOU EVER HAD A JUDGEMENT RENDERED AGAINST YOU BASED UPON FRAUD, MISREPRESENTATION, DECEPTION OR MALPRACTICE RELATED TO YOUR PRACTICE AS A PODIATRIST? IF YES, EXPLAIN FULLY.

☐ YES ☐ NO

14. LIST YOUR PRACTICAL EXPERIENCE IN PODIATRIC PRACTICE — INCLUDE EMPLOYER NAME AND ADDRESS AND DATES EMPLOYED

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>ADDRESS</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
</table>

"VOLUNTARY (USED FOR IDENTIFICATION ONLY)"

CONTINUED ON NEXT PAGE
# Chapter 2—General Rules

## 4 CSR 230-2

### Employer Information

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Address</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Education

**High School**
- **School Name**: [Name]
- **Date Graduated**: [Date]
- **High School Equivalent Credential**: [Credential]
- **Date of Credential**: [Date]

**College (Prior to Entering Podiatric College)**

<table>
<thead>
<tr>
<th>Year</th>
<th>College Name</th>
<th>Location</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Podiatric College

<table>
<thead>
<tr>
<th>Podiatric College Name</th>
<th>Location</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. **Certificate of Dean, Secretary or Registrar**

I hereby certify that [Name] received from [School Name] on the [Date] day of [Month], 19[Year], a diploma conferring on [Degree] the degree of Doctor of Podiatry.

### Photo

The following statement should appear on back of picture:

I further certify that the photograph attached is a true likeness of said applicant.

(Signature of Dean, Secretary or Registrar)

Dated at [Date], 19[Year].

(College Seal or Notary Seal to be on Picture.)

Reciprocity Applicants may use a notary public. Photo shall be black and white, recent picture.

17. **Certificate of Moral Character**, each of which shall be signed by two reputable podiatrists of the community in which applicant lives, and one reputable Missouri licensed podiatrist in actual practice.

I, [Name], [Type/Name], have been personally acquainted with the applicant for [Number] years; that I believe [Name] to be of good moral character, and in every respect worthy of confidence.

I hereby recommend [Name] to the State Board of Podiatry of Missouri as entirely worthy to be licensed to practice Podiatry in the State of Missouri.

(Signature)

License No.

Address

State of Practice
II. This certifies that I, ____________________________, have been personally acquainted with the applicant for _______ years; that I believe h____ to be of good moral character, and in every respect worthy of confidence. I hereby recommend h____ to the State Board of Podiatry of Missouri as entirely worthy to be licensed to practice Podiatry in the State of Missouri.

__________________________
SIGNATURE

__________________________
ADDRESS

__________________________
LICENSE NO

__________________________
STATE OF PRACTICE

CERTIFICATE OF PODIATRIST IN ACTUAL PRACTICE (IN MISSOURI)

III. This certifies that I, ____________________________, have been personally acquainted with said applicant for _______ years, that I believe h____ to be of good moral character, and in every respect worthy of confidence. I hereby recommend h____ to the State Board of Podiatry of Missouri as entirely worthy to be licensed to practice Podiatry in the State of Missouri.

__________________________
SIGNATURE

__________________________
ADDRESS

Missouri License Number ____________________________

THIS PORTION OF APPLICATION TO BE COMPLETED FOR LICENSURE BY RECIPROCITY

CERTIFICATE OF STATE ENDORSEMENT

18. I, ____________________________, of ____________________________, Secretary of the ____________________________ State Board of Podiatry hereby certify that ____________________________ was granted license number __________ on the _______ day of __________, 19______ upon examination by the said board on the following subjects:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Average: ____________________________

I further certify that the license of the applicant is in good standing and has never had h____ license suspended or revoked by this board.

I also certify that the photograph as appears in this application is the likeness of the said ____________________________ and the person in the above named endorsement.

I further certify that the state of ____________________________ will extend reciprocity privileges to licentuaters of the State of Missouri.

Signed ____________________________
Title ____________________________

BOARD SEAL  ____________________________
19.

CERTIFICATE OF STATE ASSOCIATION (If not applicable, leave blank)

I, ________________________________, Secretary of __________________, certify that applicant, __________________, has been a member of this state association from __________________ to __________________.

Please state standing as to character of practice and ethics: ____________________________________________________________

Signed ____________________________________________

SEAL

AFFIDAVIT OF APPLICANT

I, ________________________________, being first duly sworn upon my oath, state as follows:

That I have personally completed the foregoing application truthfully and completely, without omissions;

That all the information and answers contained in the foregoing application and any attachments thereto is true and correct to my best knowledge and belief; and

That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo 1978.

MUST BE SIGNED IN PRESENCE OF NOTARY

SIGNATURE OF APPLICANT

NOTARY PUBLIC SESSOR SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF ___________ 19

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-0673 (1-91)
4 CSR 230-2.020 Professional Conduct Rules

PURPOSE: This rule explains the professional conduct required of licensed podiatrists.

(1) It will be considered dishonesty in the practice of podiatry for a licensed podiatrist to use a trade name or assumed name in connection with his/her practice, unless the name of the podiatrist using that trade name or assumed name also appears along with the trade or assumed name.

(2) Nothing in section (1) of this rule will be construed to prohibit practice by a partnership of podiatrists under an assumed name or trade name, or the practice of podiatry under a legally-formed professional corporation; provided, however, that where this partnership uses an assumed or trade name in connection with its practice, all of the names of the podiatrists who are partners in the partnership must appear along with the trade or assumed name, provided further, that where a professional corporation uses an assumed or trade name in connection with a practice, the name of each shareholder in the professional corporation must appear along with the trade or assumed name.


Board can revoke or suspend podiatrist’s license for unprofessional conduct even though statute does not define the term. Board has no authority to declare all advertising to be unprofessional conduct nor authority to revoke podiatrist’s license on these grounds except for such advertising as can be deemed to be unprofessional because it is immoral or dishonorable.

License of lady chiropodist may not be revoked for having two (2) entries in the classified section of telephone directory; one (1) entry under her former surname referring to the second entry listed under her present surname.

False, misleading or deceitful advertising by a chiropodist may be sufficient ground for revocation of license to practice chiropody.

Advertising by licensed chiropodists in violation of code of professional ethics promulgated by board is not sufficient basis for license revocation.

4 CSR 230-2.021 Advertising Regulation

PURPOSE: This rule sets forth the content and methods by which podiatrists who are licensed by the State Board of Podiatry may advertise their services to the public in Missouri.

(1) Nothing in these rules shall be construed as allowing any advertisement or solicitation which is false, misleading or deceptive. Any advertisement or solicitation which is false, misleading or deceptive is prohibited.

(2) Any podiatrist whose office or practice is the subject of any advertisement or solicitation is responsible for the form and content of that advertisement or solicitation.

(3) Definitions. The following words and terms when used in this rule shall have the following meanings:

(A) The term advertisement shall mean any attempt, directly or indirectly, by publication, dissemination or circulation in print, or electronic media which, directly or indirectly, induces or attempts to induce any person or entity to purchase or enter into an agreement to purchase services, treatment or related goods from a podiatrist;

(B) The term electronic media shall include radio and television; and

(C) The term print media shall include, but not be limited to, newspapers, magazines, periodicals, professional journals, telephone directories, circulars, handbills, flyers, billboards, signs, matchcovers and other items, documents or comparable publications, the content of which is disseminated by means of the printed word;

(D) The term range of fees shall refer to an expressly stated upper and lower limit on the fees charged for services or goods offered by a podiatrist;

(E) The term solicitation shall mean any conduct other than that which has been defined as advertising which occurs outside the podiatrist’s office and which, directly or indirectly, induces or attempts to induce any person or entity to purchase or enter into an agreement to purchase services, treatment or related goods from a podiatrist.

(F) A podiatrist shall maintain a record of all advertisements and solicitations including, but not limited to:

(A) A recording or transcript, including any visual images broadcast, shall be maintained for a period of three (3) years together with the name of the television or radio station(s) and the date(s) of broadcast for any advertisement in electronic media;

(B) An actual copy, photocopy or photograph of any advertisement in print media shall be maintained for a period of three (3) years together with the name of the publication(s) or location(s) of publication or display and the date(s) of publication or display;

(C) A memorandum or other written record of every solicitation shall be maintained for a period of three (3) years. The memorandum or written record shall include the content, time, date and location of the solicitations; and

(D) Failure to maintain these records shall constitute misconduct.

(5) Podiatrists may use advertisements as defined in sections (3) and (4).

(6) Podiatrists may engage in solicitation, personally or through agents or representatives, except podiatrists may not advertise or solicit using—

(A) Any form of aerial display; and

(B) Sound equipment from a motor vehicle.

(7) False, misleading or deceptive advertising or soliciting includes, but is not limited to, the following:

(A) Use of a trade name or assumed name in connection with a podiatrist’s practice, unless the name of the podiatrist using that trade name or assumed name also appears along with the trade or assumed name. Nothing in this rule will be construed to prohibit practice by a partnership of podiatrists under an assumed name or trade name, or the practice of podiatry under a legally-formed professional corporation; provided, however, that where the partnership uses an assumed or trade name in connection with its practice, all of the names of the partners in the partnership must appear along with the trade or assumed name.

(B) Statements of any nature which indicate that a certain podiatrist performs all of...
the work, when, in fact, all or part of the work or service is performed by another;

(C) Any offer of a professional service which the podiatrist knows or should know is beyond the podiatrist’s ability to perform or which is for any other reason not readily available;

(D) Any advertisement or solicitation which suppresses, omits or conceals any material fact under circumstances which a podiatrist knows or should know that the suppression, omission or concealment is improper or prohibits a prospective patient from making a full and informed judgment on the basis of the information set forth;

(E) Any advertisement which fails to identify the podiatrist’s profession by not including the word podiatrist, doctor of podiatry or DPM following the podiatrist’s name;

(F) Those types of advertisements or solicitations specified in section 330.160.2(14), RSMo;

(G) Any advertisement or solicitation which, through method of delivery or through content, is intended to or is reasonably likely to result in undue pressure, undue influence or overreaching with regard to a prospective patient;

(H) Any offer to pay, give or accept a fee or other consideration to or from a third party for the referral of a patient;

(I) Any offer of goods or services for a specific fee, range of fees, discount or for free which is not honored for a minimum of ninety (90) days following the last advertisement or solicitation or for the other specific time period set forth in the advertisement or solicitation. If the offer sets forth a specific time period, the time period may be less than ninety (90) days;

(J) Any offer of free goods or services without disclosing that other goods or services which are ordinarily required in connection with the free goods or services are not free, unless those other goods or services are also offered free of charge; and

(K) Any offer of goods or services for no fee or for a discount which does not include the regular fee or range of fees for those goods or services. As an alternative, the offer may state that the regular fee services will be provided to any member of the public upon request. At the time that the regular fee or range of fees is provided in response to a request, information regarding the specific time period during which the regular fee or range of fees will be honored, must be provided.


4 CSR 230-2.022 Podiatry Titles

PURPOSE: This rule clarifies that no person other than a licensed podiatrist may use the podiatry titles defined in this rule.

(1) Only persons who hold a license to practice podiatry in this state may use the words podiatry, podiatric, podiatrist, foot specialist, chiropody or chiropodist, or variations of these words in connection with his/her practice. Any person who holds a license to practice podiatry in this state may also use the abbreviation DPM in connection with his/her practice. No other person shall assume any title or use any abbreviation or other words including, but not limited to, the words and abbreviation listed in this rule, letters, signs or devices to indicate the person using the same is a licensed podiatrist.


4 CSR 230-2.030 Biennial License Renewal

PURPOSE: This rule clarifies the license renewal requirements and procedures.

(1) All Missouri podiatric physicians must notify the board’s executive director of all offices, shared or individual; or changes in office addresses and designate at which address mail is to be received.

(2) Each applicant for licensure renewal must provide a certificate of attendance for twelve (12) hours each year of board approved continuing medical education (CME). Applicants who qualify under section 330.010.2, RSMo Supp. 1996 to perform surgery of the ankle must submit an additional thirteen (13) hours each year of CME. A copy of Foot & Ankle Board Certification or certificate of a two (2)-year residency program must be on file with the state board for acceptance of the additional CMEs, before an endorsement of “Ankle Surgery Certified” will be added to their renewal certificate.

(3) The reporting period for satisfying the CME requirements shall be January 1 through December 31 of each year preceding the year of licensure beginning March 1. On or before January 1, of the year of licensure, each licensed podiatrist shall submit certificates of attendance for the appropriate number of CME hours which must be board approved. However, this requirement may be fulfilled by the CME sponsor submitting a list of all Missouri attendee(s) to the board. It is, ultimately, the licensee’s responsibility to assure the board receives evidence of the CMEs. The certificate of attendance must indicate the date and place of the meeting, the number of approved CME hours, and must be signed by the sponsor’s chairman or secretary. This should be mailed to P.O. Box 423, Jefferson City, MO 65102.

(4) Upon receipt of the appropriate number of CME hours (twelve (12) or twenty-five (25)) each year, the board will issue a receipt to confirm that the CME requirements have been met for that year.

(5) Educational programs that are currently approved by the board include:

(A) Educational programs approved by the American Podiatric Medical Association;

(B) Educational programs, appropriate to the practice of podiatry as approved by the board, presented by a hospital which is accredited by the Joint Commission on Hospital Accreditation or its equivalent; and

(C) For the first renewal of a podiatrist’s license, the board will consider the successful completion of the PMLexis exam as satisfying the twelve (12) hours of continuing education of one (1) year required by this rule if the PMLexis exam was taken within the continuing education reporting period.

(6) Any other regularly organized group of podiatrists that wishes to sponsor an educational program to meet the standard for biennial license renewal in Missouri must submit one (1) copy of the program schedule, the outline, and the appropriate fee to the board’s executive director not less than sixty (60) days prior to the date of the program. The outline must indicate the program’s subject matter, the number of hours required for its presentation and the identity and qualifications of the speakers and instructors. After reviewing the schedule and outline, the board may grant approval. The board will also consider requests for approval of any meeting submitted after the meeting. When any continuing education program is attended which does not have current board approval and the sponsor has not submitted the outline, or the
appropriate sponsor’s fee, the individual attendee(s) may submit a copy of the program, evidence of attendance as specified in section (3) of this rule, and the appropriate sponsor’s fee. If the program is approved by the board, the credit will be accepted and the licensee’s record updated.

(7) Exception to the provisions of this rule is granted to those registrants who are in training at a residency program approved by the Council of Podiatric Medical Education of the American Podiatric Medical Association. The residency program director must submit a letter to the board attesting that the resident is currently in good standing and indicating the date on which training is due to be completed.

(8) Applications for license renewal received in the board’s office more than one (1) year, but less than five (5) years, after the renewal date will be renewed upon payment of the current renewal fee, applicable reactivation fee and upon providing satisfactory evidence of completing the continuing education requirements for each year. In addition, each applicant must successfully complete the reactivation examination administered by the board. No license will be renewed more than five (5) years after the renewal date. Complete reapplication is required.


(3) All complaints shall be made in writing and should, but need not, fully identify the complainant by name and address. Complaints may be made on forms provided by the board and available upon request. Oral or telephone communications will not be considered or processed as complaints, but the person making the communications will be provided with a complaint form and requested to complete and return the form to the board in written form. Any member of the administrative staff of the board may make and file a complaint based upon information and belief, in reliance upon oral, telephone or written communications received by the board, unless that staff member believes those communications to be false.

4 CSR 230-2.040 Loss of License (Rescinded April 11, 1982)


4 CSR 230-2.041 Public Complaint Handling and Disposition Procedure

**PURPOSE:** This rule establishes a procedure for the receipt, handling and disposition of public complaints by the board, pursuant to the mandate of section 4.16(6) of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo.

(1) The State Board of Podiatric Medicine shall receive and process each complaint made against any licensee, permit holder, registrant of the board or unlicensed individual or entity, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 330, RSMo. Any member of the public or the profession or any federal, state or local official, may make and file a complaint with the board. Complaints shall be received from sources outside Missouri and processed in the same manner as those originating within Missouri. No member of the State Board of Podiatric Medicine shall file a complaint with this board while holding that office, unless that member is excused from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public.

(2) Complaints should be mailed or delivered to the following address: State Board of Podiatric Medicine, 3605 Missouri Boulevard, P.O. Box 423, Jefferson City, MO 65102-0423. However, actual receipt of the complaint by the board at its administrative offices in any manner shall be sufficient. Complaints may be made based upon personal knowledge or upon information and belief, reciting information received from other sources.

(3) All complaints shall be made in writing and should, but need not, fully identify the
board, a copy of the complaint and any attachments to the complaint may be provided to any licensee who is the subject of that complaint or his/her counsel.

(7) This rule shall not be deemed to limit the board’s authority to file a complaint with the Administrative Hearing Commission charging a licensee or temporary license holder of the board with any actionable conduct or violation, whether or not that complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the board, and whether or not any public complaint has been filed with the board.

(8) The board interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the board, and for those persons or entities within the legislative and executive branches of government having supervisory or other responsibilities or control over the professional licensing boards. This rule is not deemed to protect or inure to the benefit of those licensees or temporary license holders or other persons against whom the board has instituted or may institute administrative or judicial proceedings concerning possible violations of the provisions of Chapter 330, RSMo.


STATE BOARD OF PODIATRY

UNIFORM COMPLAINT FORM

Missouri Statutes 565.080 — False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.

(Type or Print)

Your name ____________________________________________________________
Address ____________________________________________________________
City ______ State ______ Zip ______
Telephone ______ ( ) ______ ( )

Contact (other than yourself):
Name ____________________________________________________________
Address ____________________________________________________________
City ______ State ______ Zip ______
Telephone ______ ( ) ______ ( )

Your occupation: ______________________________________________________

SUBJECT OF COMPLAINT

Name ____________________________________________________________
Address ____________________________________________________________
City ______ State ______ Zip ______
Telephone ______ ( ) ______ ( )

Have you contacted subject concerning complaint? ☐ Yes ☐ No Date ____________
How long have you known person complained about? ________________ Are there documents involved? ☐ Yes ☐ No
Are there documents attached? ☐ Yes ☐ No Are there documents to follow? ☐ Yes ☐ No
Have you contacted an attorney? ☐ Yes ☐ No Has a lawsuit been filed? ☐ Yes ☐ No
Name of Private Attorney (If applicable) __________________________________
Address ____________________________________________________________
City ______ State ______ Zip ______

WITNESSES (Give full names and addresses):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

GIVE FULL DETAILS OF YOUR COMPLAINT. (Include facts, details, dates. Please attach copies of all bills, documents, records, correspondence, and contracts. (Use additional sheets if necessary).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature ___________________________ Date ____________

For Office Use Only

Complaint Number Date of Complaint Type of Complaint Date Acknowledge Complaint
Date Referred to Investigation Date Referred to Admin Hearing Disposition Date of Disposition

Date Complaint Granted or Dismissed

RETURN WHITE AND YELLOW COPIES TO STATE BOARD OF PODIATRY
4 CSR 230-2.050 Reciprocity

PURPOSE: This rule clarifies the requirements for Missouri licensure by reciprocity.

(1) An applicant for a Missouri license by reciprocity may be granted a license upon satisfying the board that s/he has fulfilled the following requirements:
   (A) S/he must submit a copy of his/her original license, which was obtained by examination in the state from which s/he is applying for reciprocity. If the applicant was licensed in any state on or after December 4, 1989, the examination requirement of this rule shall be the PMLexis Examination;
   (B) S/he must submit proof of his/her educational qualifications, which must be substantially equivalent to the requirements existing in Missouri at the time s/he originally was licensed;
   (C) S/he must submit a letter from the secretary of the state board of the state from which s/he is applying attesting—
      1. Whether or not s/he is in good standing with the board;
      2. Whether there are any complaints pending against him/her; and
      3. Whether or not s/he has had his/her license to practice in that state suspended or revoked. The letter shall be transmitted by the writer directly to the board’s executive secretary;
   (D) S/he must submit proof that s/he has been a licensed podiatrist for at least two (2) years next preceding his/her application for a Missouri license by reciprocity; and
   (E) S/he must achieve a score of seventy-five percent (75%) or greater on the reciprocity examination administered by the board. The board’s reciprocity examination will test the applicant’s knowledge of the Missouri podiatry statutes and rules. The examination will be administered at the time an applicant appears before the board as required in section (3) of this rule. Any applicant failing to achieve a score of seventy-five percent (75%) on this examination will be permitted to retake the examination as an open book test. All applicants must achieve at least ninety percent (90%) to be deemed to have passed an open book test over the Missouri podiatry statutes and rules.

(2) All credentials required by this rule for licensure by reciprocity must be in the possession of the board’s executive secretary at least thirty (30) days before any regular meeting of the board.

(3) All applicants for licensure by reciprocity must appear in person before the board before their application will be approved.

(4) The board reserves the exclusive right to pass upon the standards of qualifications of the various states from which applicants may be accepted without examination and it reserves the right to reject an applicant on educational, moral, ethical, professional or other grounds.


4 CSR 230-2.060 Temporary Certificate

(Rescinded September 11, 1987)


4 CSR 230-2.065 Temporary Licenses for Internship/Residency

PURPOSE: This rule interprets section 330.065, RSMo.

(1) All applicants for a temporary internship/residency license shall pay the application processing fee in addition to the internship/residency registration fee. Temporary internship/residency registrants who apply for a permanent license upon completion of their postgraduate training programs shall not be assessed an application processing fee at that time but will be assessed the license fee if approved by the board.

(2) No person temporarily licensed as a resident/intern may practice podiatry outside the physical confines of the sponsoring hospital; provided, however, that a resident/intern may practice at any facility approved for the residency by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

(3) For newly established internship/residency programs, a temporary license may be issued to applicants when the internship/residency program is accorded preliminary approval or candidate status by the Council on Podiatric Medical Education of the American Podiatric Medical Association. However, interns/residents who apply for a permanent license upon completion of such an internship/residency program will not be eligible for permanent licensure until their internship/residency program completes all the steps necessary for and receives approval or accreditation by the Council on Podiatric Medical Education of the American Podiatric Medical Association. The date on which the Council on Podiatric Medical Education of the American Podiatric Medical Association deems the internship/residency program approved or accredited shall be the starting date from which an intern/resident may receive credit toward the intern’s/resident’s required period of internship/residency.

(4) Violation of section (2) of this rule will be treated as cause for initiation of disciplinary proceedings against a temporary licensee under section 330.160.2(5) and (6), RSMo.


4 CSR 230-2.070 Fees

PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 330, RSMo.

(1) The following fees are established by the State Board of Podiatric Medicine:

(A) Examination Fee $375.00
(B) Reexamination Fee $375.00
(C) License Fee $100.00
(D) Reciprocity License Fee $475.00
(E) Duplicate License Fee $ 10.00
(F) Biennial Renewal Fee $280.00
(G) Late Fee (per month) $ 30.00
(H) Certification of Grades Fee $ 5.00
(I) Reciprocity Certification Fee $ 10.00
(J) Certification of Corporation Fee $ 2.00
(K) Print-Out of Licensees Fee $ 5.00
(L) Internship/Residency Registration Fee $150.00
(M) Reactivation Fee $500.00
(N) Uncollectible Fee (uncollectible check or other uncollecti-
(O) Application Processing Fee $150.00
(P) Photocopy Fee (records) (per page) $ .25
(Q) Research Fee (requiring more than two (2) hours of staff time) (per hour) $ 20.00
(R) Continuing Education Sponsor Fee $ 25.00.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.


4 CSR 230-2.071 Transitional Renewal Fees
(Rescinded November 12, 1987)