



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

PODIATRIC ANKLE SURGERY PERMIT APPLICATION

PROFESSIONAL STAFF OF THE DEPARTMENT WILL NOT REVIEW AN APPLICATION UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

- The permit fee covers the cost of eligibility determination and related administrative functions. At such time as an applicant is determined eligible for permit, the process of permit issuance will proceed immediately.
- It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does **NOT** notify applicants of incomplete documentation. It is recommended that applicants who are interested in expediting the permit process contact the Department periodically to monitor the status of their file with regard to the receipt of supporting documents.
- No personal checks are accepted. Please remit the application fee, by **BANK CHECK** or **MONEY ORDER ONLY**, payable to "**TREASURER, STATE OF CONNECTICUT**", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application, **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE.**
- Any incomplete application which has remained inactive for one year will be destroyed in accordance with the agency's record retention schedule. To reactivate the application process, a completely new application and fee will be required.
- Eligibility requirements are subject to change as a result of new legislation, new Rules and Regulations, or from new policies and procedures adopted by the Department of Public Health working, where appropriate, in cooperation with various Boards of Examiners. Applicants must meet current requirements.
- The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. Pursuant to Connecticut General Statutes, Section 17b-137a(a)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.

Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12APP
P.O. Box 340308 Hartford, CT 06134
Affirmative Action / An Equal Opportunity Employer
www.dph.state.ct.us

PODIATRIC ANKLE SURGERY PERMIT REQUIREMENTS AND PROCEDURES

Pursuant to Public Act 07-252, no licensed podiatrist may independently engage in the surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, until such licensed podiatrist has obtained a permit from the Department of Public Health. Please be advised that authorization to engage in the surgical treatment of the ankle does not include the performance of total ankle replacements or the treatment of tibial pilon fractures.

Two types of permits are available to applicants who can document fulfillment of requisite qualifications:

Standard Ankle Surgery Permit, which include soft tissue and osseous procedures

Advanced Ankle Surgery Permit, which include ankle fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae, and insertion and removal of retrograde tibiototalcalcaneal intramedullary rods and locking screws up to the level of the myotendinous junction of the triceps surae, but does not include the surgical treatment of complications within the tibial diaphysis related to the use of such external fixation pins.

ELIGIBILITY

STANDARD ANKLE SURGERY PERMIT

In order to obtain a permit to engage in **Standard Ankle Surgery Procedures**, a Connecticut licensed podiatrist must meet one of the following requirements:

- (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation; and
(B) Holds current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery; OR
- (2) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation;
(B) Is currently board qualified, but not board certified, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery; and
(C) Provides documentation satisfactory to the Department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; OR
- (3) (A) Graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two-years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation;
(B) Holds current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery; AND
(C) Provides documentation satisfactory to the Department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures.

Note: A licensed podiatrist who qualifies for a Standard Ankle Surgery Permit under to subdivision (2) may not perform tibial and fibular ostetomies until such licensed podiatrist holds and maintains current board certification in reconstructive rearfoot ankle procedures by the American Board of Podiatric Medicine.

ADVANCED ANKLE SURGERY PERMIT

In order to obtain a permit to engage in **Advanced Ankle Surgery Procedures**, a Connecticut licensed podiatrist must either hold or meet the qualifications for a permit to engage in Standard Ankle Surgery AND must meet one of the following requirements:

- (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation; and

(B) Holds current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery;

(C) Provides documentation satisfactory to the Department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; or
- (2) (A) Graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two-years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation;

(B) Holds current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery; and

(C) Provides documentation satisfactory to the Department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures.

DOCUMENTATION REQUIRED

Individuals must arrange for submission of the following:

- 1) A completed **application form and fee of \$180.00**, payable by bank check or money order to "Treasurer, State of Connecticut". *Note:* The application fee is the same whether you are applying for a single permit or both.
- 2) **Supporting documents**, verifying that all requirements have been met, must be submitted to this Department as outlined on the application.

All supporting documents must be submitted to:

DEPARTMENT OF PUBLIC HEALTH
PODIATRIC ANKLE SURGERY PERMIT
410 CAPITOL AVE., **MS# 12APP**
P.O. BOX 340308
HARTFORD, CT 06134-0308



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR PODIATRIC ANKLE SURGERY PERMIT

Please check one: [] STANDARD ANKLE SURGERY PERMIT [] ADVANCED ANKLE SURGERY PERMIT

Last Name: _____ First Name: _____ MI: _____ Maiden Name: _____

Date of Birth: ____/____/____ Social Security No.: ____-____-____ Gender: _____

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ E-mail: _____

Connecticut podiatry license number: _____

List all states in which you are currently licensed or have ever been licensed to practice podiatry:

Table with 3 columns: STATE, LIC. NUMBER, DATE ISSUED

STANDARD ANKLE SURGERY PERMIT

I am applying for this permit based on: Check A, B, or C below and follow the applicable instructions.

A. [] I graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation; and I am currently board certified in reconstructive rearfoot ankle surgery by the C. If checked, please forward the enclosed Residency Program Verification form to the appropriate institution for completion and arrange for the American Board of Podiatric Surgery to forward a verification your current certification directly to the Department.

B. [] I graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation; and I am currently board qualified, but not board certified, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery. If checked, please forward the enclosed Residency Program Verification form to the appropriate institution for completion and arrange for the American Board of Podiatric Surgery to forward verification that you are eligible for certification directly to the Department.

An applicant under this section must also provide the Department with documentation that he/she has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. Please forward the enclosed Training and Experience Documentation Requirements Checklist along with the required documentation to the Department.

- C. I graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two-years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation; and I am currently board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery. If checked, please forward the enclosed Residency Program Verification form to the appropriate institution for completion and arrange for the American Board of Podiatric Surgery to forward a verification your current certification directly to the Department.

An applicant under this section must also provide the Department with documentation that he/she has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. Please forward the enclosed Training and Experience Documentation Requirements Checklist along with the required documentation to the Department.

ADVANCED ANKLE SURGERY PERMIT

I am applying for this permit based on: Check A, or B below and follow the applicable instructions.

Note: To qualify for an Advanced Ankle Surgery Permit, a Connecticut licensed podiatrist must either hold or meet the qualifications for a permit to engage in Standard Ankle Surgery. Applicants who do not already such permit must also submit the documentation as required above for the Standard Ankle Surgery Permit.

- A. I graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education at the time of graduation; and I am currently board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery. If checked, please forward the enclosed Residency Program Verification form to the appropriate institution for completion and arrange for the American Board of Podiatric Surgery to forward a verification your current certification directly to the Department.

An applicant under this section must also provide the Department with documentation that he/she has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. Please forward the enclosed Training and Experience Documentation Requirements Checklist along with the required documentation to the Department.

- B. I graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two-years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation; and I am currently board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery. If checked, please forward the enclosed Residency Program Verification form to the appropriate institution for completion and forward a notarized copy of your current board certification to the Department.

An applicant under this section must also provide the Department with documentation that he/she has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. Please forward the enclosed Training and Experience Documentation Requirements Checklist along with the required documentation to the Department.

STATEMENT OF PROFESSIONAL HISTORY: Please answer the following questions referring to the instructions, if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:

-Any hospital, nursing home, clinic, or similar institution;

-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;

-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program; -Any third party reimbursement program, whether governmental or private?

Yes No

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? Yes No

If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? Yes No

If your answer is "yes", give full details, names, addresses, etc. on a separate notarized statement.

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? Yes No

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. Yes No

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.

6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? Yes No

If your answer is "yes" give full details on a separate notarized statement and submit notarized copy of agreement.

7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have a felony under the laws of this state? Yes No

If your answer is "yes" give full details on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.

8. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded or fined by the responsible agency? Yes No

If your answer is "yes", give full details, dates, etc., on a separate notarized statement.

PHOTOGRAPH:



NOTARIZATION:

On this _____ day of _____ 20____,

_____ (applicant's name)

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

SIGNATURE OF APPLICANT

Sworn to me this _____ day of _____ (month/year) _____.

Notary Public Signature _____ My Commission Expires _____

Please return this application and the fee for \$180.00 in the form of a bank check or money order made payable to, "Treasurer State of Connecticut" to:

DEPARTMENT OF PUBLIC HEALTH
REMITTANCE PROCESSING
410 CAPITOL AVE., **MS# 12MQA**
P.O. BOX 340308
HARTFORD, CT 06134-0308

IMPORTANT: Please do not send this form and fee unless you have read and understood the licensing policies and requirements. Fees are nonrefundable.

**STATE OF CONNECTICUT-DEPARTMENT OF PUBLIC HEALTH
PODIATRIC ANKLE SURGERY PERMIT
VERIFICATION OF LICENSURE/CERTIFICATION/REGISTRATION**

TO BE COMPLETED BY APPLICANT

Applicant- Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a podiatrist (make copies as necessary).

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip Code

Original License, Certification or Registration number _____ Date Issued _____
(in the state to which the form is being forwarded)

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE--FOR LICENSING AGENCY USE ONLY

This is to certify that the above named individual was issued license, certification or registration number _____ to practice as a podiatrist effective _____.

Current Status: Active _____
Inactive _____

Date license, certification or registration expires: _____

Does your state authorize licensed podiatrists to engage in the surgical treatment of the ankle under this license/certificate/registration? **YES**___ **NO**___ **If no**, have you issued a separate permit that authorizes this licensed podiatrist to engage in the surgical treatment of the ankle? **YES**___ **NO**___

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? **YES**___ **NO**___ **If yes**, please forward all publicly discloseable information regarding the individual's status and the basis for same. Please advise this office if you require a consent for release of this information from the applicant.

SEAL Signed: _____ Date _____
Title: _____
State: _____
Telephone #: _____ Email: _____

Please complete and return directly to: Department of Public Health
Podiatric Ankle Surgery Permit
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134
Fax: (860) 509-8457



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PODIATRIC RESIDENCY VERIFICATION FORM

TO BE COMPLETED BY APPLICANT

Applicant: Enter your full name and birth date on this form and forward it to the Program Administrator for completion. This form must be completed by the current program administrator and returned directly to this office.

Applicant's Name _____ Date of Birth _____

TO BE COMPLETED BY PROGRAM DIRECTOR ONLY

Dear Administrator: Please provide the following verification of residency training for the above-named Connecticut Podiatrist.

Name and location of facility/institution where residency training was completed:

Dates of training: from ____ / ____ / ____ to: ____ / ____ / ____

At the time of the applicant's completion of the residency training program, was the training program accredited by the Council on Podiatric Medical Education? YES NO .

Did the applicant satisfactorily complete this period of residency training? YES NO .

Do you have any derogatory information regarding the competency or conduct of this applicant? YES NO . If **yes**, please attach any disclosable documents you may have on file regarding such information.

I, _____, do certify that I am the Program Administrator

at _____, and that the information provided herein

is true and correct to the best of my knowledge and belief.

Signature of Program Administrator

Date: _____

Telephone number

Email: _____

Please complete and return directly to:

Department of Public Health
Podiatric Ankle Surgery Permit
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134
Fax: (860) 509-8457



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PODIATRIC ANKLE SURGERY PERMIT
TRAINING AND EXPERIENCE DOCUMENTATION REQUIREMENTS

Applicant's Name _____ Date of Birth _____

Applicants for permits to engage in standard ankle surgery procedures under eligibility routes B and C or advanced ankle surgery procedures under eligibility routes A and B must submit documentation satisfactory to the Department of acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. Documentation of training and experience shall be deemed acceptable when all of the criteria specified below are satisfied. Please note the following:

- Documentation of the required procedures must be submitted in the form of residency logs, practice logs, supervision logs, operative notes, or combination thereof.
- Residency logs, practice logs and supervision logs must be labeled in accordance with the outline below.
- In at least 33% of all cases from residency logs, the podiatrist must have performed at least 50% of the procedure under the direct supervision of the attending physician.
- In at least 13 of the 50 required soft tissue cases, documentation must be in the form of practice or supervision logs and the podiatrist shall have performed at least 50% of the procedure under the direct supervision of the attending physician.
- In at least 15 of the 60 required osseous cases, documentation must be in the form of practice or supervision logs and the podiatrist shall have performed at least 50% of the procedure under the direct supervision of the attending physician.
- In all cases submitted for a permit to engage in advanced ankle surgery procedures, practice or supervision logs must document that the podiatrist shall have performed at least 50% of the procedure under the direct supervision of an attending physician.
- Documentation will be reviewed by the Department and the Podiatric Advisory Committee to evaluate an applicant's training and experience for the purposes of determining whether the applicant should be permitted to independently engage in ankle surgery procedures.

PLEASE RETURN THE CHECKLIST AND REQUIRED DOCUMENTATION TO:

DEPARTMENT OF PUBLIC HEALTH
PODIATRIC ANKLE SURGERY PERMIT
410 CAPITOL AVE., **MS# 12 APP**
P.O. BOX 340308
HARTFORD, CT 06134-0308
860-509-8388

Applicant's Name _____ Podiatry License No. _____

**PODIATRIC ANKLE SURGERY PERMIT
TRAINING AND EXPERIENCE DOCUMENTATION REQUIREMENTS/CHECKLIST**

STANDARD ANKLE SURGERY PROCEDURES

Applicants must submit documentation of total of **110 cases** involving midfoot, rearfoot or ankle soft tissue and osseous procedures documented as follows:

Number of Cases Submitted	Required Procedures
	<p>50 soft tissue procedures, including but not limited to, at least 5 ankle alignment stabilization procedures, as follows:</p> <p style="text-align: center;"><i>Note: No more than 17 cases may be taken from any one of the below sections, unless all cases are specific to the ankle. If all cases are specific to the ankle, no more than 24 cases may be included from that section. Please include operative notes.</i></p>
	Excision tumor/mass
	Plastic surgery flaps
	Tendon debridement/repair
	Open or edoscopic tendon lengthening
	Tendon transfer
	Ankle ligament repair/reconstruction
	Nerve decompression/excision/repair
	<p>60 osseous procedures, including but not limited to, at least 15 fusions, as follows:</p> <p style="text-align: center;"><i>Note: No more than 20 cases may be taken from any on of the below sections, unless all cases are specific to the ankle. If all cases are specific to the ankle, no more than 29 cases may be included from that section. Please include operative notes.</i></p>
	Exostectomy
	Fracture/dislocation open reduction and internal fixation
	Osteotomy
	Fusion
	Corticotomy/osteotomy with callus distraction/correction complex deformity
	Osteomyelitis management

Applicant's Name _____ Podiatry License No. _____

**PODIATRIC ANKLE SURGERY PERMIT
TRAINING AND EXPERIENCE DOCUMENTATION REQUIREMENTS/CHECKLIST**

ADVANCED ANKLE SURGERY PROCEDURES

Applicants must submit documentation of total of **55 or 65 cases** involving advanced midfoot, rearfoot or ankle soft tissue and osseous procedures documented as follows:

Number of Cases Submitted	Required Procedures
	Ankle Fractures <i>20 cases, including but not limited to, a minimum of 10 bimalleolar, trimalleolar, or pilon fractures. No more than 10 cases may be unimalleolar fractures.</i>
	External Fixation <i>20 cases, including but not limited to, a minimum of 5 cases that involve pins within the tibia</i>
	Ankle Fusions <i>5 cases</i>
	Arthroscopy <i>Either 20 cases, including but not limited to, at least 10 ankle arthroscopy procedures; OR 10 cases and documentation of successful completion of an ACFAS-approved ankle arthroscopy skills course</i>