

CERTIFICATION EXAMINATIONS IN
**PREVENTION & TREATMENT
OF DIABETIC FOOT WOUNDS
& DIABETIC FOOTWEAR**

{ HANDBOOK FOR CANDIDATES }

WINTER TESTING PERIOD
FEBRUARY 10 – FEBRUARY 24, 2018

Application Deadline: December 1, 2017

SUMMER TESTING PERIOD

August 4 – August 18, 2018

Application Deadline: June 1, 2018



AMERICAN BOARD OF
MULTIPLE SPECIALTIES IN

PODIATRY™

PRIMARY CARE · FOOT & ANKLE SURGERY
DIABETIC WOUND · LIMB PRESERVATION & SALVAGE

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THE ROLE OF CERTIFICATION

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot.

OBJECTIVES OF CERTIFICATION

To establish competency in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear, and limb preservation and salvage by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear and limb preservation and salvage.
2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Multiple Specialties in Podiatry and pass examinations in specialties within the field of podiatry.
3. Encouraging continued professional growth in podiatric medicine, foot and ankle surgery, diabetic foot wounds and footwear, and limb preservation and salvage.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field off podiatry.

ELIGIBILITY REQUIREMENTS

1. Hold a current DPM, DO, or MD license. **(Submit a copy of current license with application.)**
2. Hold a DPM, DO, or MD degree in the United States (or territorial possession). **(Submit a copy of degree with application.)**
3. Three years of current clinical experience related to prevention and treatment of diabetic foot wounds.
4. Submit a copy of the front of a current driver's license or other government photo ID.
5. Three letters of professional recommendations, on letterhead, from fellow DPMs, DOs or MDs relating to the candidate's experience in diabetic foot wounds and footwear.
6. Submit a copy of current resume or curriculum vitae.
7. Conduct a search of the National Practitioners Database and submit a copy of your record
8. Completion of consent form.
9. Payment of required fee.

APPEALS ON ELIGIBILITY

Candidates who have been deemed ineligible to sit for an examination may appeal in writing to the American Board of Multiple Specialties in Podiatry. The letter must be accompanied by supporting documents. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The American Board of Multiple Specialties in Podiatry will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.

ADMINISTRATION

The Certification Program is sponsored by the American Board of Multiple Specialties in Podiatry (the Board). The examination is psychometrically developed and independently administered for the Board by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com.

Questions concerning eligibility for the examination should be directed to the Board at (888) 852-1442. Questions concerning admission to the examination and test sites should be directed to PTC at (212) 356-0660.

The American Board of Multiple Specialties in Podiatry name, logo, certificates, cards, and abbreviations are the exclusive property of the Board. Use of these and all Board materials in any manner not permitted by the Board's Code of Professional Practice, and any use by non-Board certificants, is not authorized and is prohibited by law.

NON-DISCRIMINATION

The American Board of Multiple Specialties in Podiatry does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Candidates who pass the Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear and who adhere to the Board's Code of Professional Practice are eligible to indicate Board Certification in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear and will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified in the prevention and treatment of diabetic foot wounds and diabetic footwear will be maintained by the Board and may be reported in its publications.

Certification is valid for a period of four (4) years at which time the candidate must submit a completed application for recertification, other material as might be required, and be in compliance with all Board requirements.

REVOCATION OF CERTIFICATION

Individuals who fail to meet the requirements set forth in the Board's Code of Professional Practice may have their Certification revoked.

APPLICATIONS

Additional handbooks and applications for the Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, (212) 356-0660, www.ptcny.com or from the ABMSP website, www.abmsp.org, Under Handbook and Links.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the application. Mark only one response unless otherwise indicated.

NOTE: The name you enter on your Application must match exactly the name listed on your government-issued photo ID such as driver's license or passport.

CANDIDATE INFORMATION: Print your name, address, e-mail address, daytime phone number, and fax number in the appropriate row of empty boxes. Also, indicate your choice of testing period.

ELIGIBILITY AND BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

EDUCATIONAL BACKGROUND INFORMATION: Complete the Medical/Podiatric Education History, Resident Information, and Professional Work Experience sections in full.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

CANDIDATE SIGNATURE: When you have completed all required information, sign and date the application in the space provided.

Mail the application with the consent form and the appropriate documentation and fee (see FEES on page 4) in time to be received by the deadline to:

**Diabetic Foot Wounds Examination
Professional Testing Corporation
1350 Broadway- 17th Floor
New York, NY 10018**

APPLICATION CHECKLIST: Candidates **MUST** include the following:

- ✓ Completed and signed application
- ✓ Copy of current DPM, DO, or MD license
- ✓ Copy of DPM, DO, or MD degree
- ✓ Three letters of recommendation on letterhead
- ✓ Copy of a current driver's license or other government photo ID
- ✓ Copy of current resume or curriculum vitae
- ✓ Copy of National Practitioners Database record
- ✓ Completed consent form
- ✓ Examination fee

NOTE: Applications will be returned if not submitted with the required documentation.

FEES

Application fee..... \$500.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

PROFESSIONAL TESTING CORPORATION

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the Application.

DO NOT SEND CASH.

REFUNDS

There will be NO refund of fees. Candidates unable to take the examination as scheduled may request a transfer to the next testing period if the request is submitted with the transfer fee of \$230 and received within thirty (30) days after the testing period ends. **Exams may only be transferred once, please plan carefully.**

VETERANS REIMBURSEMENT OF FEE

The Board's certification examinations have been recognized by the VA as approved for reimbursement. If you are a veteran eligible for benefits under the Montgomery G.I. Bill, you may be eligible for reimbursement for your testing fees for the certification examinations offered by the American Board of Multiple Specialties in Podiatry in the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear. To apply for benefits, send a copy of your test results to the VA office that handles your educational benefits, along with a letter including the following information:

- Your request for reimbursement.
- Your name and Social Security number or VA claim number.
- The name of the test and the date when you took the

examination.

- The name and address of the organization issuing the certificate (The American Board of Multiple Specialties in Podiatry, 555 8th Avenue, 17th Suite 1902, New York, New York 10018.)
- The cost of the examination, not including registration fees or other fees. (The cost of the examination in the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is \$500.00.)
- The statement: "I authorize release of my test information to the VA.

If you have never previously filed a claim for VA educational benefits under the Montgomery G.I. Bill, you must also submit an application for benefits.

For additional information, please contact the Department of Veterans Affairs ("VA") at 1-888-GIBILL-1 (1 -888-442-4551) or consult the VA website at www.gibill.va.gov.

EXAMINATION ADMINISTRATION

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI Computer Testing, Inc. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you visit: <http://www.ptcny.com/cbt/sites.htm> or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.***

TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online.

- Go to <http://www.ptcny.com/cbt/demo.htm>

This online Tutorial can give you an idea about the features of the testing software.

ONLINE PRACTICE TEST

Candidates can experience what the computerized test will be like by taking an online practice exam. This sixty (60) question practice test gives a glimpse into the Diabetic Foot Wounds and Diabetic Footwear Examination using actual questions which have been retired from the past forms of the examinations. Scores by content area are provided upon completion. This is an opportunity to experience taking the computerized examination, to review the content included in the examination and to learn more about the question format and style. Two (2) hours are allotted to complete the sixty (60) questions for a fee of \$75. The examinations can be found at the PTC website, www.ptcny.com.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, and your eligibility verified, you will be sent a Scheduling Authorization within 6 weeks preceding the start of the testing period. The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates in which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. A candidate not receiving a Scheduling Authorization at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

You MUST present your current driver's license, passport, or U.S. military ID at the test center. Temporary, paper driver's licenses are not accepted. The name on your Scheduling Authorization must exactly match the name on your photo I.D. PTC recommends candidates bring a paper copy of their Scheduling Authorization and PSI appointment confirmation as well.

- **It is your responsibility to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

SPECIAL NEEDS

ABMSP and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Only those requests made and received on the official Request for Special Needs Accommodations Form (found at www.ptcny.com) will be reviewed. Letters from doctors and other healthcare professionals

must be accompanied by the official Form and will not be accepted without the Form.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.
2. No papers, books or other reference materials may be taken into or removed from the examination room.
3. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on the screen at the beginning of the examination session.
5. Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room.
6. Visitors are not permitted in the examination room.
7. Test documents and notes must remain in the examination room. Removing any test material by any means is prohibited.
8. The Board prohibits certain behaviors, including (but not limited to) the activities listed below.
 - A. Copying test questions.
 - B. Copying answers.
 - C. Permitting another to copy answers.
 - D. Falsifying information required for admission to an examination.
 - E. Impersonating another examinee.
 - F. Taking the examination for any reason other than for the purpose of seeking certification.

9. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
10. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
11. All watches and "Fitbit" type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

REPORT OF RESULTS

Within four weeks after the testing period ends, candidates will be notified in writing by Professional Testing Corporation of their examination results. The total score and scores on major areas of the examination will be indicated whether the candidate passes or fails. No scores will be reported over the telephone, fax or by e - mail. Candidates will not be permitted to review the questions they missed.

EXAMINATION CHALLENGES

It is the policy of the American Board of Multiple Specialties in Podiatry to provide every candidate with an opportunity to question the reliability, validity, and/or fairness of a test and its questions. Candidates may comment about any test question or questions, test procedure, and/or the test itself by completing the comment form, which is found at the end of every examination. Alternatively, a candidate may submit a complaint in writing to the Board administrative offices no later than fourteen (14) calendar days after taking the examination. Complaints and challenges must be communicated in writing and within this timeframe; the Board will NOT consider late challenges or complaints, or complaints not submitted in writing.

All challenges and complaints shall receive the Board's full attention. The Board shall investigate each challenge or complaint and acknowledge it in writing to the complaining candidate.

PASSING SCORE

The examinations are Pass or Fail examinations only. The method used to set the passing score for the examinations is in accordance with standard criterion-referenced passing score standards. The passing score is set by the American Board of Multiple Specialties in Podiatry using generally accepted psychometric principles and methods to determine what constitutes a competent podiatric professional. Each candidate is measured against a standard of knowledge, not against the performance of other individuals taking the examination.

The examination consists of 250 multiple-choice questions, with 4 responses, only one of which is correct. The passing score for the examination is 175.

REEXAMINATION

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear may be taken as often as desired upon re-registration and payment of the examination fee.

CONFIDENTIALITY

1. The Board will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Board or the Professional Testing Corporation.
3. The Board will publish a list of candidates who pass the examinations each year and will maintain a current listing of diplomates. Board certification status, but not scores, will be released upon request. Requests should be submitted to the Board's administrative office.

CONTENT OF EXAMINATION

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

The content for the examination is described in the Content Outline starting on page 9.

- The questions for the examination are obtained from individuals with expertise in prevention and treatment of diabetic foot wounds and are reviewed for construction, accuracy, and appropriateness by the Board.
- The Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
- The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear will be weighted in approximately the following manner:

| | |
|---------------------------------------|-----|
| I. Anatomy and Physiology | 10% |
| II. Etiology and Pathophysiology..... | 10% |
| III. Psychosocial Factors | 5% |
| IV. Diagnostic Considerations | 20% |
| V. Examination | 20% |
| VI. Treatment..... | 35% |

CONTENT OUTLINE

I. ANATOMY AND PHYSIOLOGY

A. Integumentary System

1. Layers
 - a. Epidermis
 - b. Dermis
 - c. Subcutaneous
2. Supportive Structures
 - a. Fascia
 - b. Tendons
 - c. Muscles
 - d. Bones
 - e. Vascular Supply
 - f. Nerve Supply

B. Physiology of Integumentary System

1. Thermoregulation
2. Protection
3. Sensation
4. Absorption
5. Phases of Wound Healing
 - a. Inflammation
 - b. Fibroblastic/Proliferative
 1. Granulation
 2. Epithelialization
 3. Contraction
 - c. Maturation/Remodeling
 1. Collagen Refinement
 2. Tensile Strength
6. Moist Wound Healing
7. Factors Affecting Wound Healing
 - a. Local
 - b. Systemic Systems
 - c. Footwear
8. Types of Wound Closures
 - a. Primary
 - b. Secondary
 - c. Tertiary

C. Other Structures

II. ETIOLOGY AND PATHOPHYSIOLOGY

- A. Genetics
- B. Autoimmunity
- C. Insulin Deficiency and Reaction
- D. Allergy
- E. Chemical Exposure
- F. Mechanical Trauma
 - 1. Footwear
 - 2. Foreign Body
 - 3. Other
- G. Infection
- H. Skin Lesion
- I. Other Precipitating Factors
 - 1. Vascular
 - 2. Neurological
 - 3. Biomechanical
- J. Diabetes Mellitus

III. PSYCHOSOCIAL FACTORS

- A. Self Care
- B. Stress
- C. Metabolic Control
- D. Coping and Adapting
- E. Life Style
- F. Cultural and Ethnic Factors
- G. Footwear
- H. Other

IV. DIAGNOSTIC CONSIDERATIONS

- A. Duration of Wound
- B. Condition of Skin
- C. Wound Assessment
 - 1. Size
 - a. Dimensions
 - b. Depth
 - 2. Location
 - 3. Wound Bed
 - a. Color
 - b. Type of Tissue
 - 4. Odor
 - 5. Exudate
 - 6. Surrounding Margins and Skin
 - 7. Undermining
 - 8. Pain

9. Tissue Involvement
 - a. Partial Thickness
 - b. Full Thickness
10. Stage/Classification
11. Etiology of Wounds
 - a. Neuropathic Status
 - b. Circulatory Status
 - c. Footwear
12. Other

V. EXAMINATION

- A. Chief Complaint
- B. Medical History
 1. Insulin
 2. Other Medications
 3. Systemic Conditions
- C. Surgical History
- D. Wound Healing
- E. Family and Social History
- F. Systems Review
- G. Physical Examination
 1. Vascular
 - a. Arterial
 - b. Venous
 - c. Lymphatic
 - d. Doppler
 - e. PPG
 - f. PVR
 - g. ABI
 - h. Toe Pressure
 - i. Duplex Studies
 - j. Transcutaneous Oxygen
 - k. Other
 2. Dermatological
 - a. Skin
 - b. Nails
 - c. Wounds
 3. Neurological
 - a. Testing/Multiple Tests
 - b. Neuropathy Evaluation

4. Musculature, Skeletal, and Orthopedic
 - a. Muscle Test
 - b. Gait Analysis
 - c. Biomechanical Evaluation
 - d. Foot Structure
 - e. Bone Structure
5. Laboratory
 - a. Blood
 1. Glucose
 2. CBC
 3. Other
 - b. Urinalysis
 - c. Cultures
 1. Bacterial
 2. Fungal
 - d. Biopsy
6. Radiographic/Imaging
 - a. Radiographs
 - b. Fluoroscopy
 - c. MRI
 - d. Bone Scan
 - e. CT Scan
 - f. Other
7. Shoe Evaluation

VI. TREATMENT

- A. Factors Affecting Healing
 1. Age
 2. Nutrition
 3. Profession
 4. Oxygenation
 5. Systemic Status
 6. Medication
 7. Biomechanics
 8. Other
- B. Topical Therapy
 1. Cleansing
 2. Moisture Agents
 3. Dressings
 4. Enzymes
- C. Physical Therapy
 1. Whirlpool
 2. Electrical Stimulation
 3. Exercise

- 4. Stasis Pumps
- 5. Other
- D. Nutritional Aid
- E. Surgical
 - 1. Debridement
 - a. Mechanical
 - b. Chemical
 - c. Sharp
 - d. Other
 - 2. Grafts
 - 3. Revascularization
 - 4. Amputation
 - 5. Other Methods of Closure
 - 6. Considerations
- F. Growth Factors
- G. Hyperbaric
- H. Medication
 - 1. Antibiotics
 - 2. Antifungals
 - 3. Vascular Enrichments
 - 4. Analgesics
 - 5. Other
- I. Biomechanical
 - 1. Strapping
 - 2. Padding
 - 3. Orthotics
 - 4. Footwear
 - 5. Contact Casting
- J. Rehabilitation
 - 1. Exercise
 - 2. Walking
 - 3. Teaching/Prevention
- K. Outcome Evaluation
- L. Discharge Planning
 - 1. Patient Advice
 - 2. Counseling
 - 3. Referrals
- M. Diabetic Shoe Prescription
 - 1. Fitting
 - 2. Construction

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. In a patient with diabetes, which of the following is most likely to indicate possible lower extremity infection?
 1. Erythema, edema, and warmth
 2. Fever, chills, and leukocytosis
 3. Purulence from skin ulceration
 4. Sudden inability to achieve glycemic control

2. Which of the following stages of wound healing occurs in the first 72 hours?
 1. Contraction
 2. Fibroplasia
 3. Inflammation
 4. Epithelization

3. Diabetic neuropathy often results in segmental demyelination and
 1. axon loss.
 2. dendrite loss.
 3. laminar epithelial loss.
 4. basement membrane loss.

4. In a patient with diabetes, which of the following is the most effective treatment of superficial burning and tingling pain?
 1. Mexilitine
 2. Capsaicin
 3. Amitriptyline
 4. Nortriptyline

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3; 2. 3; 3. 1; 4. 2

Content Outline: 1: II-B; IV-A; V-D; 2: I-B-5; I-B-7;
3: II-I-2; I-J; IV-C-11; 4: VI-H-4

REFERENCES

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references, neither is it suggested that the Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is necessarily based on these references.

Healing the Diabetic Wound. Clinics in Podiatric Medicine and Surgery. 15(1), 1998.

Edmonds & Foster. Managing the Diabetic Foot, 3rd Ed. John Wiley & Sons.

Bowker, J.H. & Pfeifer, M.A. Levin and O'Neal's The Diabetic Foot (7th ed.). Mosby Yearbook, Inc.: St. Louis.

Frykberg, R.G., et al. Diabetic Foot Disorders. Data Trace: Brooklandville, MD, 2000.

Pagana, K.D. & Pagana, T.J. Mosby's Diagnostic and Laboratory Test Reference. Mosby: St. Louis, Current Edition.

Pataky. Prevention of Diabetic Foot Ulcers: From Biomechanics to Therapeutic Education

Tyrrell, Wendy and Carter, Gwenda. Therapeutic Footwear: A Comprehensive Guide. Elsevier, 2009.

Zgonis. Surgical Reconstruction of the Diabetic Foot and Ankle.

Review Article:

Hobizal and Wukich. Diabetic Foot Infections: Current Concept Review. <https://ncbi.nlm.nih.gov/pmc/articles/PMC3349147> (free PDF).

PTC17075

AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

CONSENT FORM

I, _____, certify that all information contained in my application for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] is true and accurate to the best of my knowledge. I certify that I have read and understand the requirements for certification as set forth in the Certification Examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] Handbook for Candidates. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board) and its officers, directors, committee members, employees, and agents (“the above designated parties”) to review my application to take the certification examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I authorize the Board to determine my eligibility for certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage]. I agree to revocation or other limitation of my certification if any statement made on my application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board.

I understand and agree that if I am granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], it will be my responsibility to remain in compliance with all certification standards. I understand it is my responsibility to maintain valid certification status by complying with all recertification requirements and timely submitting such proof of compliance as is required by the Board.

I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in my application. I authorize the above designated parties to communicate any and all information relating to any application, certification status, and review thereof, including, but not limited to, pending or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

I understand that the Board reserves the right to refuse my admission to any examination if I do not have an Admission Notice and proper photo identification, or if administration of the examination has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will not receive a refund of the application or examination fees and there will be no credit for future examinations. I authorize the proctors at my assigned test site to maintain a secure and proper test administration at their discretion. I acknowledge that in this capacity, the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

I understand that I may only seek admission to take the examination in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] for the purpose of seeking certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage], and for no other purpose. Because of the confidential nature of the examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

I understand that review of the adequacy of examination materials will be limited to computing any scoring correction. If I do anything which is not authorized or which is prohibited by the Board in connection with any examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will not receive a refund of the application or examination fees, and there will be no credit for any future examination.

I waive all further claims of examination review and agree to indemnify and hold harmless the above designated parties for any action taken pursuant to the rules and standards of the Board with regard to my application, the examination(s) and/or my certification except claims based on gross negligence or lack of good faith.

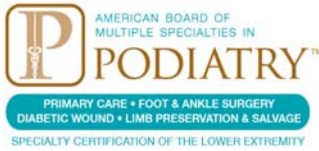
I agree that if I pass the examination, the Board may release my name and the fact that I have been granted certification in [Primary Care in Podiatric Medicine / Foot and Ankle Surgery / Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear/ Limb Preservation and Salvage] to newspapers and other publications. I agree that the Board may release my name and address in a listing of certified podiatrists to individuals and/or organizations interested in podiatry as directed by the board of directors.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

Signature

Date

Name-please print



Application for Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear

Please read the directions in the Handbook for Candidates carefully before completing this application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Candidate Information

Please enter your Name exactly as it appears on a Government Issued Photo I.D.

| | |
|--|-----------------|
| <input type="radio"/> Mr. First Name | Middle Initial |
| <input type="radio"/> Mrs. | |
| <input type="radio"/> Ms. | |
| <input type="radio"/> Dr. | |
| Last Name | |
| Suffix (Jr., Sr., etc.) | |
| Home Address - Number and Street | |
| Apartment Number | |
| City | State/Province |
| | Zip/Postal Code |
| Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.) | |
| Daytime Phone | |
| Fax: | |

Education Background Information

Testing Period:

Winter Summer

Darken only one choice for each question unless otherwise directed.

| | |
|---|--|
| <p>A. NUMBER OF YEARS OF CLINICAL EXPERIENCE:</p> <p><input type="radio"/> Three <input type="radio"/> Five <input type="radio"/> Eight to ten <input type="radio"/> Four <input type="radio"/> Six to seven <input type="radio"/> Eleven or more</p> <p>B. PRIMARY PLACE OF EMPLOYMENT: <i>(Darken only one response.)</i></p> <p><input type="radio"/> Private Practice <input type="radio"/> University/Academic <input type="radio"/> Group Practice <input type="radio"/> Government <input type="radio"/> Clinic <input type="radio"/> Other (please specify below) <input type="radio"/> Hospital _____</p> <p>C. CURRENTLY CERTIFIED IN PRIMARY CARE IN PODIATRIC MEDICINE BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>D. ARE YOU A MEMBER OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>E. CURRENTLY CERTIFIED IN FOOT AND ANKLE SURGERY BY ABMSP?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> | <p>F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?</p> <p><input type="radio"/> No <input type="radio"/> Yes <i>If yes, please indicate Board: _____</i></p> <p>G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?</p> <p><input type="radio"/> No <input type="radio"/> Yes <i>If yes, when and under what name?</i></p> <p>Month/Year: _____ Name: _____</p> <p>H. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>I. PROFESSIONAL LICENSE HELD:</p> <p><input type="radio"/> DPM <input type="radio"/> DO <input type="radio"/> MD State _____</p> <p>Lic. # _____</p> <p>J. HOW DID YOU HEAR ABOUT US?</p> <p><input type="radio"/> Magazine Article <input type="radio"/> Trade Show <input type="radio"/> Website <input type="radio"/> Colleague <input type="radio"/> Other (please specify) _____</p> |
|---|--|

Optional Information

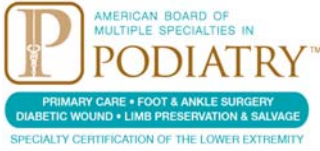
Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

| | | |
|---|--|------------------------------|
| Race: | Age Range: | Gender: |
| <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> White | <input type="radio"/> Under 25 <input type="radio"/> 30 to 39 <input type="radio"/> 50 to 59 | <input type="radio"/> Male |
| <input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> No Response | <input type="radio"/> 25 to 29 <input type="radio"/> 40 to 49 <input type="radio"/> 60+ | <input type="radio"/> Female |

Complete Page 2

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Application for Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear

Eligibility and Background Information

MEDICAL/PODIATRIC EDUCATION HISTORY: *List medical and podiatry school attended.*

Name : _____ Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____

Complete Address : _____
Street City State Zip

Name : _____ Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____

Complete Address : _____
Street City State Zip

RESIDENT INFORMATION: *List residency or preceptorship programs completed.*

Institution Name : _____

Complete Address : _____ Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____

Institution Name : _____

Complete Address : _____ Dates Attended: From ____ / ____ / ____ To ____ / ____ / ____

PROFESSIONAL WORK EXPERIENCE: *List work experience related to prevention and treatment of diabetic foot wounds.*

Employer : _____ Title : _____

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Duties : _____

Employer : _____ Title : _____

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Duties : _____

Candidate Signature

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete. I also understand that I may apply for special accommodations under the Americans With Disabilities Act, if needed.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ _____

Expiration date (month/year): ____ / ____

Card type: Visa MasterCard American Express

Card Number: _____

Signature: _____

FOR OFFICE USE ONLY

Date 0200

Fee: _____

CC Check

56684

