

# Certification by ABMSP INTERNATIONAL DESIGNATION

- PREVENTION & TREATMENT OF DIABETIC FOOT WOUNDS  
& DIABETIC FOOTWEAR
- PRIMARY CARE IN PODIATRIC MEDICINE
- FOOT AND ANKLE SURGERY

{ Handbook for Candidates }

## **SPRING TESTING WINDOW**

April 5 - 19, 2025

Application Deadline: March 5, 2025

## **SUMMER TESTING WINDOW**

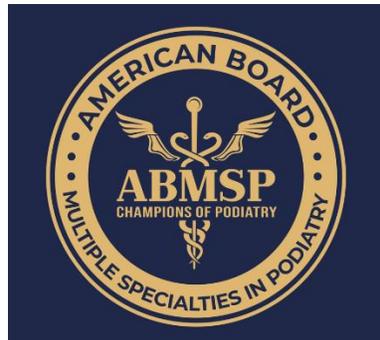
August 2 - 16, 2025

Application Deadline: July 2, 2025

## **WINTER TESTING WINDOW**

October 11 - 25, 2025

Application Deadline: September 10, 2025



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## **AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY**

The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists. In 2008, its certification programs were accredited by the American National Standards Institute (ANSI) for meeting the international standards for accreditation programs as set forth in ANSI/ISO/IEC/17024:2003. In 2012, the ABMSP was also accredited by URAC (Utilization Review Accreditation Commission).

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### **MISSION STATEMENT**

We exist to protect and improve the podiatric health and welfare of the public.

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### **PURPOSE STATEMENT**

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for and to administer examinations for certification in (a) primary care in podiatric medicine and (b) foot and ankle surgery; and (c) prevention and treatment of diabetic foot wounds and diabetic footwear; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists certified by the corporation; and (iv) to maintain a registry of podiatrists certified by the corporation.

#### **American Board of Multiple Specialties in Podiatry Certification Examinations**

- ◆ Primary Care in Podiatric Medicine
- ◆ Foot and Ankle Surgery
- ◆ Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear

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### **STATEMENT OF IMPARTIALITY**

The ABMSP understands the importance of maintaining impartiality in all of its decision making and certification activities. The ABMSP Board of Directors is responsible for ensuring that the organization carries out its activities in an impartial manner, managing real or perceived conflicts of interest, and insuring objectivity in its decision making process.

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### **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.

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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.

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## OBJECTIVES OF CERTIFICATION

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

1. Providing a standard of requisite knowledge for certification in podiatric medicine, foot and ankle surgery, and diabetic foot wounds and footwear.
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, and diabetic foot wounds and footwear.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

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## ELIGIBILITY REQUIREMENTS

### *Certification Examination in Primary Care in Podiatric Medicine – International Designation*

**Note: All ABMSP Examinations are only offered in English.**

1. The Board shall require candidates for certification meet **ONE** of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit residency certificate **and** a letter on letterhead confirming your residency from the residency program.)
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME **PLUS** at least 10 years of practice as a podiatrist. (Submit residency certificate and a letter on letterhead confirming your residency from the residency program.)
  - (c) No residency program and a minimum of **at least** 20 years of practice as a podiatrist.
2. Hold a current DPM/MD/DO or equivalent license. (Submit a copy of current DPM/MD/DO or equivalent license with application.)

3. Hold a DPM/MD/DO or equivalent degree conferred by an institution in the United States (or territorial possession). (Submit a copy of degree/diploma with application.)
4. Submit a copy of the front of a current driver's license or other government photo ID.
5. Conduct a search of the National Practitioners Database and submit a copy of your record.
6. Two letters of professional recommendation, on letterhead, from fellow podiatrists (DPMs/DOs/MDs or equivalent).
7. A letter, on hospital letterhead, or certificate confirming the completion of a residency.
8. Completion of consent form.
9. Post graduate resume, showing podiatric work history from the time of graduation to the present.
10. Completion and filing of the application for the Primary Care in Podiatric Medicine Certification Examination.
11. Payment of required fee(s).
12. Submission and the Board acceptance of at least eight (8) documented primary care cases, which meet the Board's established case submission requirements. Submission of cases must be made within one year of examination date and performed within a two-year time frame.

**NOTE:** Be sure to review the Case Submission Guidelines on the website, [www.abmsp.org](http://www.abmsp.org), prior to applying to take the exam.

A minimum of 8 cases is required to complete the board certification process in Primary Care in Podiatric Medicine. Candidates must submit 8 cases from the following list but no more than one case per category:

1. Viral pathology
2. Bacterial pathology
3. Fungal pathology
4. Congenital
5. Acquired deformity
6. Iatrogenic pathology
7. Vascular pathology
8. Arthritis
9. Neurological pathology
10. Neoplasms
11. Trauma
12. Fractures
13. Plantar fasciitis/heel spur
14. Diabetic foot ulcer

Upon approval of the 8 cases the credential of Board Certified in Primary Care in Podiatric Medicine will be conferred.

## ***Certification Examination in Foot and Ankle Surgery – International Designation***

**Note: All ABMSP Examinations are only offered in English.**

1. The Board shall require candidates for certification meet **ONE** of the following:
  - (a) Successfully completed a minimum of two years residency training in a program approved by the CPME or another recognized accrediting body accepted by the CPME. (Submit proof of residency with application.)
  - (b) Successfully completed a one-year residency program approved by the CPME or another recognized accrediting body accepted by the CPME **PLUS** at least 10 years of practice as a podiatrist. (Submit proof of residency with application.)
  - (c) No residency program and a minimum of **at least** 20 years of practice as a podiatrist.
2. Hold a current DPM/MD/DO or equivalent license. (Submit a copy of current DPM/MD/DO or equivalent license with application.)
3. Hold a DPM/MD/DO or equivalent degree conferred by an institution in the United States (or territorial possession). (Submit a copy of degree/diploma with application.)
4. Submit a copy of the front of a current driver's license or other government photo ID.
5. Conduct a search of the National Practitioners Database and submit a copy of your record.
6. Two letters of professional recommendations, on letterhead, fellow podiatrists (DPMs, MDs, Dos or equivalent).
7. A letter, on hospital letterhead, or certificate confirming the completion of a residency of at least two years.
8. Completion of consent form.
9. Post graduate resume, showing podiatric work history from the time of graduation to the present.
10. Completion and filing of the application for the Foot and Ankle Surgery Certification Examination.
11. Payment of required fee(s).
12. Submission and the Board acceptance of at least fifty (50) documented surgical cases which meet the Board's established case submission requirements. Submission of case documentation must be made within two years of examination date and performed within a four-year time frame.

**IMPORTANT NOTE:** Certification in Foot and Ankle Surgery will be conferred only upon successful completion of certification in Primary Care from the ABMSP or from another nationally recognized certification organization.

**NOTE:** Be sure to review the Case Submission Guidelines on the website, [www.abmsp.org](http://www.abmsp.org), prior to applying to take the exam. 50 cases are required to become Board certified in Foot and Ankle Surgery. Case versatility is mandatory. No more than 5 similar procedures may be submitted. All cases must have been performed within a 4-year time frame but no later than 2 years following examination for certification. Cases must be submitted and accepted within 2 years of notification of passage of the certification examination.

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## ELIGIBILITY REQUIREMENTS

### *Certification Examination in Prevention & Treatment of Diabetic Foot Wounds & Diabetic Footwear – International Designation*

**Note: All ABMSP Examinations are only offered in English.**

1. Hold a current DPM/MD/DO or equivalent license. **(Submit a copy of current license with application.)**
2. Hold a DPM/MD/DO or equivalent degree conferred by an institution in the United States (or territorial possession). **(Submit a copy of degree/diploma with application.)**
3. Three years of current clinical experience (which may include residency training) 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/MDs/ DOs or equivalent 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.

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.

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## 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.

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## 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, Suite 800, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

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.

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## COMPLETION OF APPLICATION

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

**NOTE:** *The first and last name you enter on your application must match exactly the first and last 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, fax number, and date of birth 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.

**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.

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

**CANDIDATE SIGNATURE:** When you have completed all required information, read the statements under Candidate Signature and sign and date the application in the space provided.

**Mail the application with the consent form and all appropriate documentation and fee(s) (see FEES page 9 in time to be received by the deadline to:**

**ABMSP Examination  
Professional Testing Corporation  
1350 Broadway, Suite 800  
New York, NY 10018**

**\*Please note that applications without all required documentation will be returned.**

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## EXAMINATION ADMINISTRATION AND SCHEDULING

The Certification Examinations in Primary Care in Podiatric Medicine, Foot & Ankle Surgery, and Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear are administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

### Scheduling Authorization

PTC will send approved candidates an email called the Scheduling Authorization. These emails are sent out about 11 weeks before the first day of the testing window. The emails come from [notices@ptcny.com](mailto:notices@ptcny.com). Candidates cannot make an appointment until they receive a scheduling authorization. If you don't receive your email 3 weeks before the start of your testing window contact PTC.

### Scheduling Examination Appointments

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-served, 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. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**



After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

**Note: International candidates may also schedule, reschedule, or cancel an appointment online at [www.prometric.com/ABMSP](http://www.prometric.com/ABMSP).**

#### **IMPORTANT!**

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The first and last name on your Scheduling Authorization **MUST** exactly match the first and last name on your photo ID.

**Fees will not be refunded for exams missed because of invalid ID.**

## Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: [www.prometric.com/ABMSP](http://www.prometric.com/ABMSP).

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 29 to 5 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay fees for a future testing period.

## Transferring to a New Testing Period

**There will be no refunds of fees.**

Candidates unable to take the examination as scheduled may request a one-time transfer to the next testing period. The transfer request must be made within 30 days after the originally scheduled testing date and submitted with the transfer fee of \$255.00.

The transfer fee is based on cost and is not punitive in nature. The transfer fee must be paid at the time the request for rescheduling is submitted. The candidate is responsible for contacting PSI and canceling the original examination appointment, if one had been made.

Both the transfer request and the transfer fee must be received within 30 days after the original examination date for the transfer to be granted. Written requests should be sent to:

ABMSP EXAMINATION  
Professional Testing Corporation  
1350 Broadway – Suite 800  
New York, New York 10018

**Exams may only be rescheduled once; please plan carefully.**

## Failing to Report for an Examination



If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.

## EXAMINATION FEES

Fee Type	Amount	Details
Certification Examination in Primary Care in Podiatric Medicine <i>ONLY</i>	US \$700.00	<ul style="list-style-type: none"> <li>• Non-refundable</li> <li>• Non-transferable</li> <li>• Includes testing center fees</li> <li>• Includes non-refundable \$75 administrative fee</li> </ul>
Certification Examination in Foot and Ankle Surgery <i>ONLY</i> (Available only to podiatrists already certified in Primary Care through ABMSP)	US \$600.00	
Both the Primary Care and Foot and Ankle Surgery Examinations during the same testing period	US \$1,100.00	
Certification Examination in Prevention & Treatment of Diabetic Foot Wounds and Diabetic Footwear	US \$600.00	
Transfer Fee (Moving to a new testing window; see page 7)	US \$255.00	<ul style="list-style-type: none"> <li>• <b>Applies to candidates who need to move to a new testing period</b></li> <li>• Must submit new application &amp; fee to PTC</li> </ul>
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 7)	US \$50.00	<ul style="list-style-type: none"> <li>• <b>Applies to candidates who need to move their appointment within their current testing period</b></li> <li>• Payable directly to Prometric</li> <li>• Reschedule with Prometric online or over the phone</li> </ul>

Visa, MasterCard, and American Express are accepted. Complete and sign the credit card payment form on the application. Do not send cash or check.



- **There will be no refund of fees unless applicants are ineligible for the examination.**
- **Ineligible candidates will be refunded their fees minus an administrative fee.**
- **No refunds will be issued for applying for the incorrect examination or testing period, for failing to make an examination appointment, or for failing to appear at your scheduled appointment.**

**Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.**

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## TEST ACCOMMODATIONS

ABMSP and PTC support the intent of and comply with the Americans with Disabilities Act (ADA) and will take steps reasonably necessary to make testing accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or walking) or a major bodily function (such as neurological, endocrine, or digestive system).

The information you provide and any documentation regarding your disability and test accommodations is confidential and is not included in scoring or reporting.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted. Note that accommodations for an examination (test accommodations) may not be the same as accommodations provided by your employer for your job. You can find more information about testing accommodations under the Americans with Disabilities Act ([www.ada.gov](http://www.ada.gov)).

Requests for Test Accommodations must be uploaded with the candidate's application and fees at least 8 weeks before the start of your testing period. You must complete and upload both Part 1 and Part 2 of this Form at the same time. Missing information or incomplete Forms will result in a delay in processing. **If your Form is incomplete and/or not received at least 8 weeks before the start of the testing period, we cannot guarantee that we can make these test accommodations in time for you to test and you may need to transfer to another testing period and pay the transfer fee.**

To request test accommodations, follow these 3 steps:

1. Download the Request for Test Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660.
2. Complete Test Accommodations Form with your doctor/healthcare professional.
3. Upload the completed and signed Request for Test Accommodations Form with the online exam application. Submit your application at least 8 weeks prior to the start of your chosen testing period.

### NOTES:

- Only those requests made and received on the official Request for Test Accommodations Form will be reviewed.
- All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.
- Do not go to [www.prometric.com](http://www.prometric.com) or contact Prometric to request test accommodations as they are not authorized to approve accommodations. All requests for test accommodations must be submitted on the PTC Request Form.

- If you need to use your cell phone or another electronic device to monitor a medical condition, such as diabetes, be sure to include this on Part 1 of the Request for Test Accommodations Form so that we can notify Prometric in advance.
- If you are a nursing parent and will need to use a breast pump during your exam, complete Part 1 of the Request for Test Accommodations Form and submit it at least 8 weeks before your testing period to allow time to make suitable arrangements at the test center.
- Only pre-approved test accommodations will be permitted on the day of the examination. Test center personnel are not authorized to make any changes to the test accommodations on the day of the testing session and any such change may result in your examination score being canceled.

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## PREPARING FOR THE EXAMINATION

- Check your driver's license, passport, non-driver state issued ID or U.S. Military ID.
  - Is it expired?
  - Does the first and last name on your ID match the first and last name on your Scheduling Authorization email?
  - Proctors at the Prometric testing center will refuse admission to candidates with expired ID, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Prometric Appointment Confirmation email to make sure everything is accurate (i.e., your first and last name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your test center and parking options and check the weather and traffic conditions before you leave for the test center. Allow plenty of time as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>
- Prometric's website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use this to help you start studying for the examination.
- Review the Prometric software tutorial: <https://ptcny.com/pdf/prometricsoftwaretutorial.pdf>
- Review What to Expect at the Test Center and Rules for the Examination on the next pages before your appointment.

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## WHAT TO EXPECT AT THE TESTING CENTER

- Candidate Check-In
  - Candidates will be asked to:
    - present their IDs.
    - empty and turn out their pockets.
    - walk through a metal detector or get “wanded”.
  - Eyeglasses, jewelry, and other accessories will be inspected.
    - Jewelry other than wedding and engagement rings is prohibited.
    - Leave these at home or place them in your locker.
  - Religious headwear may be worn into the testing room; however, it is subject to inspection by test center staff.
  - Prometric provides lockers to store purses, backpacks, mobile phones, jackets, food, drinks and medical supplies.
  - Water in a clear plastic container (no labels) may be brought into the testing room.
  
- During the Exam
  - No breaks are scheduled during the exam.
  - Candidates are only permitted to leave the testing room to use the restroom or access food, drink, or medicine from their assigned locker. The exam timer will NOT be paused.
  - Smoking is prohibited at the testing center.
  - All examinations are monitored and may be recorded in both audio and video format.
  
- Keep in mind:
  - Other exams will be administered at the same time as your examination.
  - You may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided.
  - Prometric is unable to provide a completely noise-free environment.
  - Headphones may be requested to minimize the impact of ambient noise.
  - Proctors will periodically walk through the testing room as part of their monitoring process.
  - See [Prometric’s website](#) for more information about what to expect on testing day.

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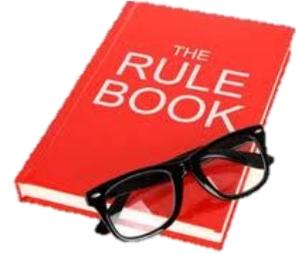
## RULES FOR THE EXAMINATION

Read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- DO NOT BRING

These items are strictly prohibited at the testing center. Leave these items in your car or your assigned locker.

- Cell phones and all other electronic devices
- Watches
- Jackets/coats/bulky clothing such as sweatshirts
- Hats (except hats worn for religious reasons)
- Jewelry, including watches and wearable technology.



- ⇒ You may NOT access the following at any time during your exam or breaks: papers, books, any reference materials; electronic devices including your cell phone. Candidates may access the following items from their locker: snacks, drinks, medicine, or other personal healthcare items.
- ⇒ No questions concerning content of the examination may be asked during the examination session. Read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ You are prohibited from leaving the testing room while your examination is in session, except for going to the restroom. Candidates who do go to their lockers or the restroom will need to repeat the security screening before being permitted to reenter the testing room. **Candidates who leave the center will have their examinations terminated.**
- ⇒ See [Prometric's statement on Test Center Security](#) for more information.

Contact PTC at (212) 356-0660 or [www.ptcny.com/contact](http://www.ptcny.com/contact) with any questions about the Examination Rules.

**Irregular or improper behavior that is observed, made apparent by statistical analysis, or uncovered by other means before, during or after the examination will be considered a violation of these rules and may constitute grounds for invalidation of a candidate's examination. ABMSP will initiate an investigation and request suitable analyses and appropriate documentation.**

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## REPORT OF RESULTS

Within four weeks after the testing period ends, candidates will be notified via email 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.

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## EXAMINATION CHALLENGES & FEEDBACK

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.

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 15 days of the test appointment. Any comments about the test itself should also be reported to PTC at [www.ptcny.com/contact](http://www.ptcny.com/contact) within 15 days of the test appointment.

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## 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 Board of Directors of 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 Certification Examination in Primary Care in Podiatric Medicine is 164.

The passing score for the Certification Examination in Foot and Ankle Surgery is 163.

The passing score for the Certification Examination in the Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is 175.

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## **REQUESTING A HANDSCORE**

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on [www.ptcny.com](http://www.ptcny.com) with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoreing.

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## **ATTAINMENT OF CERTIFICATION AND RECERTIFICATION**

Candidates who pass the Certification Examination and case submissions in Primary Care in Podiatric Medicine, Foot and Ankle Surgery, or Diabetic Foot Wounds and Footwear and who adhere to the Board’s Code of Professional Practice are eligible to indicate Board Certification in Primary Care in Podiatric Medicine, Foot and Ankle Surgery, or Diabetic Foot Wounds and Footwear and will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified in Primary Care in Podiatric Medicine and/or Foot and Ankle surgery 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

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## **REVOCAION OF CERTIFICATION AND OTHER DISCIPLINE**

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

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## **REEXAMINATION**

The Certification Examinations may be taken as often as desired upon re-registration and payment of the examination fee(s).

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## **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 American Board of Multiple Specialties in Podiatry will publish a list of candidates who pass the examinations each year and will maintain a current listing of diplomates. The Board certification status, but not scores, will be released upon request. Requests should be submitted to the Board’s administrative office.

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## CONTENT OF EXAMINATION

1. The Certification Examination in Primary Care in Podiatric Medicine and the Certification Examination in Foot and Ankle Surgery are computer-based examinations composed of 250 multiple-choice, objective questions with a total testing time of three and one-half (3-1/2) hours each.
2. The content for the examinations is described in the Content Outlines starting on page 15.
3. The questions for the examinations are obtained from individuals with expertise in primary care in podiatric medicine and foot and ankle surgery and are reviewed for construction, accuracy, and appropriateness by the American Board of Multiple Specialties in Podiatry.
4. The American Board of Multiple Specialties in Podiatry, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

The Certification Examination in Primary Care in Podiatric Medicine will be weighted in approximately the following manner:

I.	Patient Evaluation and Examination	34%
II.	Diagnostics/Pathology	12%
III.	Treatment	54%

The Certification Examination in Foot and Ankle Surgery will be weighted in approximately the following manner:

I.	Patient Evaluation and Clinical Examination	40%
II.	Surgical Treatment	55%
III.	Medical Jurisprudence and Ethics	5%

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## CONTENT OUTLINE FOR PRIMARY CARE

### I. PATIENT EVALUATION AND EXAMINATION (34%; 85 items)

- A. Identify chief complaint
- B. Obtain history of present illness, including NLOCAT
- C. Review intake information, including PFSH/ROS, medications, allergies, vaccinations, vital signs (such as BP, pulse, glucose, height and weight, if relevant)
- D. Observe and assess general appearance of patient
- E. Observe and assess psychological status of patient, including altered mental status
- F. Observe shoe gear and wear patterns
- G. Assess musculoskeletal structure, including strength, symmetry, and joint motion; reflexes
- H. Assess biomechanical system (e.g. ROM, foot type, joint axis, gait pattern, stability)
- I. Assess lymphatic and vascular systems/status
- J. Assess dermatological conditions/status (including toenails)
- K. Assess neurological system

*Tasks in Domain I draw upon the following knowledge areas:*

- Anatomy and Physiology: K01, K02, K03, K04, K05
- Etiology: K06, K07, K08, K09, K10, K11, K12, K13
- Diagnostic Considerations: K14, K15, K16, K17, K18, K19
- Patient Interview/History: K20, K21, K22, K23, K24, K25, K26
- Physical Examination: K27, K28, K29, K30, K31, K32
- Treatment: K50
- Safe Practice: K54, K55

### II. DIAGNOSTICS/PATHOLOGY (12%; 30 items)

- A. Order and/or Interpret radiological studies (such as MRI, CT, X-Ray, ultrasound), including for
  - 01. Ligament injury, bone infection, tumors, avascular necrosis
  - 02. Rule out tarsal coalitions, calcaneus fractures with 3-D reconstruction, tarsal coalitions, evaluate for gas from infectious process
  - 03. Fracture, infection/OM, bone tumor, foreign body, calcifications, enthesiopathy
  - 04. Evaluate possible previous surgery
  - 05. Other
- B. Perform and interpret lab and pathology studies, including for
  - 01. Diagnosing infection, PCR, and sensitivities and choose correct antibiotics (CBC, ESR, procalcitonin, CRP wide-range)
  - 02. Rheumatologic disorders ANA, Rh factor
  - 03. Thyroid TSH free T3, bone density
  - 04. Neuropathy EMG/NCV, liver enzymes, B12 levels rule out radiculopathy, tarsal tunnel
  - 05. Wound healing (including biopsy chronic ulcers for malignancy, cultures/PCR if infected, vascular studies to assess healing potential, albumin levels, documentation of wound measurements and wound pictures
  - 06. Dermatology (skin and nail lesions /biopsy)
  - 07. Biopsy, cultures, bloodwork
  - 08. Other

- C. Perform studies for diabetic patients, including
  - 01. HbA1c
  - 02. Diabetic Semmes- Weinstein
  - 03. Vibratory test (including two-point discrimination and sharp/dull)
  - 04. Nerve conduction study
  - 05. Vascular assessment and possible referral
  - 06. Other
- D. Conduct and interpret arterial studies, including
  - 01. ABI segmental digital wave forms, ABIs patients who smoke
  - 02. MRA
  - 03. CTA
  - 04. Arteriogram
  - 05. Arterial ultrasound
  - 06. Photoplethysmography (PPG)
  - 07. Other
- E. Conduct venous studies, including
  - 01. DVT ultrasound
  - 02. Venous insufficiency-reflux venous ultrasound
  - 03. Other
- F. Order, perform, and interpret other studies as appropriate

*Tasks in Domain II draw upon the following knowledge areas:*

- Anatomy and Physiology: K01, K02, K03, K04, K05
- Etiology: K06, K07, K08, K09, K10, K11, K12, K13
- Diagnostic Considerations: K14, K15, K16, K17, K18, K19
- Patient Interview/History: K25
- Physical Examination: K27, K28, K29, K30, K31, K32
- Treatment: K33, K34, K35, K36, K37, K38, K39, K40, K41, K42, K43, K44, K45, K46, K51
- Safe Practice: K57

### **III. TREATMENT (54%; 135 items)**

- A. Conservative Management/Treatment Plan
  - 01. Assess balance and fall risks
  - 02. Provide pain management and referral when appropriate
  - 03. Provide fracture management and referral when appropriate
  - 04. Provide infection management and referral when appropriate
  - 05. Provide diabetic/neuropathy management and referral when appropriate (including Continuous Glucose Monitoring devices)
  - 06. Prescribe appropriate medications
  - 07. Provide nerve/joint/tendon injections as appropriate
  - 08. Prescribe compression/support hose for edema management
  - 09. Provide patient counseling and education on appropriate foot care, footwear for various activities, exercise, dietary changes and smoking cessation for healthy lifestyle.
  - 10. Provide medically necessary at-risk podiatric care (nails, calluses, corns, etc.)
  - 11. Refer appropriate physical therapy evaluation
  - 12. Provide in-office emergency management when necessary
  - 13. Provide necessary wound management and/or debridement
  - 14. Provide ligamentous injury management/referral when appropriate

15. Provide proper use of wound care dressings/products
  16. Prescribe hyperbaric oxygen (HBO) when medically indicated
- B. Orthopedic/DME
01. Order and/or apply orthotics/DME, as appropriate, including
    - a. Unna boot
    - b. Strapping/padding
    - c. Cast for immobilization
    - d. Orthotic devices/braces and casting for custom molded orthotics
    - e. Walker boot/Cast shoe or surgical shoe
    - f. Diabetic/therapeutic shoe and inserts
    - g. CROW boot
    - h. Other
- C. Surgical Treatment
01. Obtain informed consent, discuss risks and benefits
  02. Assess circulation status and, if necessary, consult vascular
  03. Determine appropriate antibiotics
  04. Perform anesthesia/blocks
  05. Perform H&P and Pre-Op evaluation
  06. Provide post-op care
  07. Provide appropriate referral
  08. Prescribe appropriate physical therapy post-operative course

*Tasks in Domain III draw upon the following knowledge areas:*

- Anatomy and Physiology: K01, K02, K03, K04, K05
- Etiology: K06, K07, K08, K09, K10, K12, K13
- Diagnostic Considerations: K14, K15, K16, K17, K18, K19
- Patient Interview/History: K20, K22, K25
- Physical Examination: K27, K28, K29, K30, K31, K32
- Treatment: K33, K34, K35, K36, K37, K38, K39, K40, K41, K42, K43, K44, K45, K46, K47, K48, K49, K50, K51, K52
- Safe Practice: K53, K54, K55, K56, K57

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## KNOWLEDGE AREAS FOR PRIMARY CARE

### **Anatomy and Physiology**

- K01. Vascular system
- K02. Nervous system
- K03. Integumentary system
- K04. Musculoskeletal system
- K05. Lymphatic system

### **Etiology**

- K06. Trauma
- K07. Infection
- K08. Metabolic
- K09. Vascular
- K10. Cancer/tumors
- K11. Genetics
- K12. Biomechanical
- K13. Other precipitating factors

### **Diagnostic Considerations**

- K14. Point to area of complaint
- K15. Quality of the discomfort
- K16. Radiation of symptoms
- K17. Sensation
- K18. Timing (when does it occur)
- K19. Limitations associated with symptoms

### **Patient Interview/History**

- K20. Medical history (including medications)
- K21. Surgical history
- K22. History of present complaint
- K23. Family and social history
- K24. System review
- K25. Nutrition (albumin, pre-albumin, Vitamin D, etc.)
- K26. NLDOCAT

### **Physical Examination**

- K27. Vascular
- K28. Neurological
- K29. Musculoskeletal/Biomechanical
- K30. Dermatological
- K31. Laboratory/Pathology
- K32. Imaging (including 3-D reconstruction)
- K33. Management
- K34. Diagnostic ultrasound
- K35. Ultrasound guided injections
- K36. Radiographic imaging

- K37. Factors affecting healing
- K38. Topical therapy
- K39. Physical therapy
- K40. Nutritional
- K41. Surgical/anesthesia (including types, techniques, dosage)
- K42. Growth factors
- K43. Hyperbaric oxygen
- K44. Pharmacology and medication
- K45. Biomechanical
- K46. Orthopedic (including offloading, strapping, shoe gear, etc.)
- K47. Rehabilitation
- K48. Palliative care (including nail debridement, etc.)
- K49. Outcome evaluation
- K50. Patient advice and counseling
- K51. Other integrated medicine modalities
- K52. Referrals to other specialties

**Safe Practice**

- K53. Personal protective equipment (PPE)
- K54. Infection control (including Covid-19 practices and immunizations)
- K55. Blood-borne pathogens
- K56. Universal precautions
- K57. Narcotics

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## SAMPLE EXAMINATION QUESTIONS

1. Which of the following is most likely to develop from an untreated Charcot's ankle joint?
  1. Unstable ankle
  2. Spastic paralysis
  3. Rheumatoid arthritis
  4. Talar dome fracture

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2. Which of the following is most definitive in diagnosing a pulmonary emboli?
  1. Chest X ray
  2. Arterial blood gases
  3. Pulmonary angiogram
  4. Ventilation perfusion scan

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3. A 25-year-old male presents with a burn on the dorsum of his left foot from boiling water. Erythema, edema, and three intact blisters are noted at the base of second and third metatarsals. Which of the following is NOT an appropriate management for this patient?
  1. Debride intact blisters
  2. Apply topical antibiotic
  3. Evaluate vascular status
  4. Administer prophylaxis

### **ANSWER TO SAMPLE QUESTIONS**

1.4; 2.3; 3.1

### **CONTENT OUTLINE REFERENCE:**

1: I-B-4; 1-D-1; II-B-2; II-C-4

2: I-A-7; I-D-9

3: III-A-2; III-C

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## REFERENCES FOR PRIMARY CARE

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 Primary Care in Podiatric Medicine Certification Examination is necessarily based on these references. These books may be purchased from your local medical book store or at [www.amazon.com](http://www.amazon.com).

Mandracchia, VJ, et al. *Wound Healing, Clinics in Podiatric Medicine and Surgery*, Volume 18, Number 1, January 2001, pp 1-34.

Gerbert J. *Textbook of Bunion Surgery*, 3rd edition. Saunders.

Levin & O'Neal. *Diabetic Foot: Lower Extremity Arterial Disease and Limb Salvage*, 2nd edition. Lippincott, Williams and Wilkins, 2005.

Seibel M. *Foot Function: A Programmed Text*. Williams and Wilkins, 1998.

Moffatt DJ, ed. *Anatomy of the Lower Limb: A Programmed Text for Podiatrists*. Distributed by Chicago Medical Equipment Company 312-564-1000.

Humble RN, et al. *Running Injuries of the Lower Extremity in Clinics in Podiatric Medicine and Surgery*. April 2001 available through Elsevier.

### **Computer Software:**

IBM Compatible - Board Certification Simulation Software in the areas of surgery, orthopedics, and primary care. (May be purchased from: Foot and Ankle Research Consortium, Inc. [FARC], 5901 Wilbanks Dr., Norcross, GA 30092 (770) 448-0769, [www.podiatryprep.com](http://www.podiatryprep.com)).

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## CONTENT OUTLINE FOR FOOT AND ANKLE SURGERY

- I. PATIENT EVALUATION AND CLINICAL EXAMINATION (40%; 100 items)**
  - A. Pre-op
    - 01. Identify chief complaint
    - 02. Obtain history of present illness
    - 03. Review patient history, including
      - a. Past medical (including blood disorders/conditions), family, social history (PFSH)/ Review of systems (ROS)
      - b. Medications
      - c. Allergies
    - 04. Observe and assess general appearance of patient
    - 05. Assess patient's living situation (including assessing for balance and fall risks)
    - 06. Observe and assess psychological status of patient and support system
    - 07. Observe and assess gait pattern and stability
    - 08. Assess musculoskeletal structure/biomechanical system for
      - a. strength
      - b. symmetry
      - c. joint motion
      - d. range of motion (ROM)
      - e. foot type
      - f. joint axis
    - 09. Assess lymphatic system for potential contraindication to surgery (even if there are no clinical signs)
    - 10. Assess vascular conditions/status
    - 11. Assess dermatological conditions or dermatological history
    - 12. Assess neurological system
    - 13. Assess patient suitability for surgery
    - 14. Conduct pre-surgical planning and medical clearance (checklist)
    - 15. Establish post-operative recovery/expectations
    - 16. Provide education on cessation of smoking (pre-op and post-op) and its effect on healing
  - B. Peri-Op and Diagnostic Studies
    - 01. Order and interpret nuclear studies, including
      - a. Triphasic bone scan
      - b. Bone density test (DEXA scan)
      - c. Other
    - 02. Order and interpret neurological studies, including
      - a. Nerve biopsy
      - b. EMG/NCV
      - c. Other
    - 03. Interpret radiological results, including
      - a. MRI
      - b. CT
      - c. X-ray (fracture, infection/OM, bone tumor, foreign body, calcifications, enthesiopathy)
      - d. Bone scans
      - e. Chest X-ray

- f. EKG (pre-op >40)
  - g. Ultrasound (R/O DVT)
  - h. Other
04. Order and interpret lab and pathology studies, including for
- a. Diagnostic infection
  - b. Pre-op tests
  - c. Diabetic neuropathy
  - d. Rheumatologic disorders
  - e. Neuropathy
  - f. Wound healing
  - g. Basic blood work (normal and abnormal values)
05. Conduct and interpret vascular studies, including
- a. ABIs, segmental digital wave forms
  - b. MRA
  - c. CTA
  - d. Arteriogram
  - e. D dimer
  - f. DVT ultrasound
  - g. Other
06. Conduct and interpret venous studies, including
- a. Venous Doppler
  - b. Other
07. Conduct and interpret biopsy testing as required for skin, nerve, or bone pathology

*Tasks in Domain I draw upon the following knowledge areas:*

- Anatomy and Physiology: K01, K02, K03, K04, K05
- Etiology: K06, K07, K08, K09, K10, K11, K12, K13, K14, K15
- Diagnostic Considerations: K16, K17, K18, K19, K20
- Examination: K21, K22, K23, K24, K25, K26
- Treatment: K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K42, K43, K44, K45, K46
- Pathology: K47, K48, K49, K50, K51, K52, K53
- Peri- and Intra-Operative Management: K61, K62, K63, K64

## **II. Surgical Treatment (55%; 137 items)**

### **A. Peri-op**

- 01. Assess and make appropriate surgical treatment selection for soft tissue conditions (i.e., debridement deformity correction and closure such as grafting, flap, etc.)
- 02. Assess and make appropriate surgical decisions for amputation
- 03. Assess and make appropriate surgical decisions for bony deformity correction
- 04. Perform anesthesia/blocks and intraoperative care for reactions and emergencies
- 05. Perform BLS, ACLS techniques
- 06. Provide other peri-surgical care (including sterile technique)
- 07. Provide nerve/joint/tendon injections as appropriate
- 08. Order and provide regenerative injections as appropriate
- 09. Order and apply or provide post-surgery care, as appropriate
  - a. Cast for immobilization (nonweightbearing or partial weightbearing)
  - b. X-ray after surgery (C-arm, etc.)
  - c. Other

- B. Post-op
01. Order and apply or provide post-surgery care, as appropriate
  02. Refer for and/or provide pain management
  03. Provide infection management (including antibiotics after surgery)
  04. Provide diabetic/neuropathy management
  05. Prescribe topical medications
  06. Provide post-op wound care
  07. Provide equipment and training to aid patient in ambulation after surgery, including
    - a. Mobilization training/gait training, crutch training
    - b. Walker boot/cast shoe or surgical shoe
    - c. Other
  08. Provide nerve/joint/tendon injections as appropriate
  09. Order and provide regenerative injections as appropriate
  10. Treat venous edema pathology/compression dressing
  11. Prescribe compression/support hose for edema management if needed
  12. Provide X-ray after surgery (with X-ray report)
  13. Provide appropriate physical therapy rehabilitation/plan of care following surgery
  14. Make appropriate referrals to other specialists for treatment and/or back to the PCP for primary health management as part of coordination of care
  15. Provide patient counseling and education as part of discharge instructions on healthy lifestyle, including
    - a. Foot care
    - b. Exercise
    - c. Dietary changes
    - d. Smoking cessation
    - e. Other
  16. Provide other post-op care (including emergency care)

*Tasks in Domain II draw upon the following knowledge areas:*

- Anatomy and Physiology: K01, K02, K03, K04, K05
- Etiology: K06, K07, K08, K09, K10, K11, K12, K13
- Examination: K21, K22, K23, K24
- Treatment: K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40, K41, K42, K43, K44, K45, K46
- Pathology: K47, K48, K49, K50, K51, K52, K53
- Peri- and Intra-Operative Management: K54, K55, K56, K57, K58, K59, K60, K61, K62, K63, K64

### III. MEDICAL JURISPRUDENCE AND ETHICS (5%; 13 items)

- A. Ensure to treat patient and not the condition
- B. Obtain informed consent
- C. Comply with HIPAA
- D. Comply with regulation regarding post-op narcotics
- E. Comply with Stark Law
- F. Report medical fraud
- G. Document patient counseling
- H. Identify appropriate patient representatives when needed

Tasks in Domain III draw upon the following knowledge areas:

- Etiology: K15
- Treatment: K43, K44
- Peri- and Intra-Operative Management: K62, K63
- Medical Jurisprudence and Ethics: K65, K66, K67, K68, K69

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## KNOWLEDGE AREAS FOR FOOT AND ANKLE SURGERY

### **Anatomy and Physiology**

- K01. Vascular system
- K02. Nervous system
- K03. Integumentary system
- K04. Musculoskeletal system
- K05. Lymphatic system

### **Etiology**

- K06. Trauma
- K07. Infection
- K08. Metabolic
- K09. Vascular
- K10. Cancer
- K11. Aneoplastic
- K12. Neoplastic
- K13. Genetics
- K14. Other precipitating factors (medical)
- K15. Social habits and non-medical factors

### **Diagnostic Considerations**

- K16. Point to area of complaint
- K17. Quality of the discomfort
- K18. Radiation of symptoms
- K19. Sensation
- K20. Timing (when does it occur)

### **Examination**

- K21. Medical history
- K22. Surgical history
- K23. History or present complaint
- K24. Family and social history
- K25. System review
- K26. Physical examination

### **Treatment**

- K27. Management
- K28. Diagnostic ultrasound
- K29. Radiographic imaging
- K30. Factors affecting healing

- K31. Wound care and appropriate management
- K32. Pharmacology and medication
- K33. Topical therapy
- K34. Physical therapy
- K35. Nutrition
- K36. Surgery
- K37. Growth factors
- K38. Hyperbaric
- K39. Biomechanical
- K40. Ankle arthroscopy
- K41. Implants (including hemi- and total implants; ankle, metatarsal, toe joint; k wires)
- K42. Rehabilitation
- K43. Outcome evaluation
- K44. Patient advice and counseling
- K45. Other integrated medicine modalities
- K46. Referral to appropriate specialist

### **Pathology**

- K47. Vascular
- K48. Neurological
- K49. Musculoskeletal/Biomechanical
- K50. Dermatological
- K51. Laboratory
- K52. Imaging
- K53. Dermatoses

### **Peri- and Intra-Operative Management**

- K54. Anesthesia
- K55. Pharmacology
- K56. Complications
- K57. Diabetic patient
- K58. Dialysis patient
- K59. DVT prophylaxis
- K60. Procedures in a PVD patient
- K61. Previous history of anesthesia reaction
- K62. Prior and/or current drug use
- K63. Mental health
- K64. Emergency patient management (including CPR, ACLS, drugs)

### **Medical Jurisprudence and Ethics**

- K65. HIPAA
- K66. Stark Law
- K67. National anti-discrimination laws
- K68. Healthcare fraud, waste, and abuse
- K69. Physician substance abuse

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## SAMPLE EXAMINATION QUESTIONS FOR FOOT AND ANKLE SURGERY

1. If the last tetanus booster for a 32-year-old woman was eight years ago and she presents with a laceration to her right plantar heel caused by stepping on a tin can 1 hour ago, which of the following is most appropriate?
1. No tetanus prophylaxis
  2. Tetanus toxoid 0.5 mL intramuscularly only
  3. Tetanus immune globulin 500 units intramuscularly only
  4. Tetanus toxoid 0.5 mL and tetanus immune globulin 500 units given at separate sites
- 

2. What is the normal hallux abductus angle?

1. 0-5 degrees
  2. 10-20 degrees
  3. 25-30 degrees
  4. 35-45 degrees
- 

3. The Kidner procedure removes the

1. os trigonum.
  2. os vesalianum.
  3. tibial sesamoid.
  4. accessory navicular.
- 

4. Which of the following is the most common cause of hematogenous osteomyelitis in a person with sickle cell anemia?

1. *Salmonella*
2. *Staphylococcus aureus*
3. *Escherichia coli*
4. *Bacteroides fragilis*

### **ANSWERS TO SAMPLE QUESTIONS:**

1.2, 2.2, 3.4, 4.1

### **CONTENT OUTLINE REFERENCE:**

- 1: V-I
- 2: II-A; IV-B-5-g
- 3: IV-A-1; IV-B-26
- 4: I-A-5; II-C; III-D

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## REFERENCES FOR FOOT AND ANKLE SURGERY

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 Foot and Ankle Surgery Certification Examination is necessarily based on these references. These books may be purchased from the your local medical book store or at [www.amazon.com](http://www.amazon.com).

Mandracchia, VJ, et al. *Wound Healing, Clinics in Podiatric Medicine and Surgery*, Volume 18, Number 1, January 2001, pp 1-34.

Baravarian B, et al. Arthrodesis Techniques, Part I, *Clinics in Podiatric Medicine and Surgery*, January 2004, Volume 21, Number 1.

Baravarian B, et al. Arthrodesis Techniques, Part II. *Clinics in Podiatric Medicine and Surgery*, April 2004, Volume 21, Number 2.

Chaney DM, et al. Osteotomies of the Foot and Ankle, *Clinics in Podiatric Medicine and Surgery*, April 2005, Volume 22, Number 2.

Zbonis T, et al. Heel Pain, *Clinics in Podiatric Medicine and Surgery*, January 2005, Volume 22, Number 1.

Harris JH. Advances in the Treatment of Pediatric Flatfoot, *Clinics in Podiatric Medicine and Surgery*, July 2000, Volume 17, Number 3.

### ***Computer Software:***

IBM Compatible - Board Certification Simulation Software in the areas of surgery, orthopedics, and primary care. (May be purchased from: Foot and Ankle Research Consortium, Inc. [FARC], 5901 Wilbanks Dr., Norcross, GA 30092 (770) 448-0769 or [www.podiatryprep.com](http://www.podiatryprep.com)).

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## 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 Primary Care in Podiatric Medicine and/or the Foot and Ankle Surgery Examinations 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](http://www.ptcny.com).

Note: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

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## CONTENT OF EXAMINATION

1. The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear is a computer-based examination composed of 250 multiple choice, objective questions with a total testing time of three and a half (3.5) hours.
2. The content for the examinations is described in the Content Outlines starting on page 14.
3. The questions for the examinations are obtained from individuals with expertise in the prevention and treatment of diabetic foot wounds and diabetic footwear and are reviewed for construction, accuracy, and appropriateness by the American Board of Multiple Specialties in Podiatry.
4. The American Board of Multiple Specialties in Podiatry, with the advice and assistance of the Professional Testing Corporation, prepares the examinations.

The Certification Examination in Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear will be weighted in approximately the following manner:

I.	Patient Evaluation and Examination	20%
II.	Diagnostics	20%
III.	Treatment	50%
IV.	Offloading Methods	10%

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# CONTENT OUTLINE FOR DIABETIC FOOT WOUNDS/FOOTWEAR

## I. PATIENT EVALUATION AND DIABETIC FOOT EXAMINATION (20% -- 50 items)

### A. Patient Evaluation

01. Obtain consent in compliance with HIPAA regulations (including consent for photography/videography and release of information)
02. Obtain history of present illness
03. Observe and assess general appearance of patient
04. Observe and assess psychological status of patient
05. Review basic medical history and perform basic skills as necessary, including
  - a. Vitals (including pain assessment)
  - b. Intake information (PFSH/ROS, medications, vaccinations, vitamins, herbal supplements, allergies, pain/narcotic history, etc.)
  - c. Diabetic status (most recent HbA1c and trends, blood sugar logs, compliance with diabetic control, etc.)

### B. Diabetic Foot Examination

01. Conduct diabetic foot examination to assess structures and systems, including
  - a. Musculoskeletal structure (strength, symmetry, osseous deformities and joint motion)
  - b. Vascular system/status (including pedal pulses and CRT)
  - c. Lymphatic system
  - d. Dermatological conditions/status
  - e. Neurological system (including monofilament testing)
  - f. Biomechanical systems (ROM, Foot type, joint axis, etc.)
  - g. Shoe gear and wear patterns
  - h. Gait pattern and stability
02. Perform serial photography periodically to monitor progress of wounds in compliance with HIPAA regulations

Tasks in Domain I draw upon the following knowledge areas:

- *Anatomy and Physiology:* K01, K02, K03, K04, K05
- *Etiology and Pathology:* K06, K07, K08, K09, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23
- *Diagnostic Considerations:* K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40
- *Treatment:* K41, K44, K45, K46, K47, K48, K49, K56, K57

## II. DIAGNOSTICS (20% -- 50 items)

### A. Lab/Pathology Studies

01. Order and interpret lab and pathology studies, including
  - a. Biopsies (including wound biopsy, small nerve fiber biopsy, fungal cultures, and cultures/sensitivities, initial stains)
  - b. ESR/CRP
  - c. Renal and liver function
  - d. Nutrition (Vitamin levels and fructosamine, albumin, pre-albumin, if needed)

- e. CBC with diff and CMP (including HbA1c, etc.)
- B. Radiological/Musculoskeletal Studies
  - 01. Order and interpret radiological and musculoskeletal studies, including
    - a. MRI
    - b. X-Ray
    - c. CT
    - d. Ultrasound
    - e. Bone scans
- C. Arterial/Vascular Studies
  - 01. Order and interpret arterial, and vascular studies, including
    - a. Doppler, PVR, PPG
    - b. ABI, TBI, and waveform interpretation
    - c. Microvascular testing as needed
    - d. MRA
    - e. CTA
    - f. Arteriogram
    - g. DVT
    - h. EMG/NCV testing for abnormal neurologic findings
    - i. Serial photography

Tasks in Domain II draw upon the following knowledge areas:

- *Anatomy and Physiology*: K01, K02, K03, K04, K05
- *Etiology and Pathology*: K06, K07, K08, K09, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K21, K22, K23
- *Diagnostic Considerations*: K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40
- *Treatment*: K41, K42, K47, K57

### III. TREATMENT (50% -- 125 items)

- A. Wound Care Management
  - 01. Assess and apply appropriate skin substitutes/combinations
  - 02. Assess and perform debridement (including larval debridement)
  - 03. Assess and manage soft tissue injuries
  - 04. Assess and manage wound moisture
  - 05. Conduct telemedicine as part of wound care (in a secure manner and notify the patient of limitations of virtual appointments)
  - 06. Assess for hyperbaric oxygen therapy
  - 07. Assess and manage wound vac
- B. Medical Management
  - 01. Address psychosocial situation
  - 02. Manage and reduce fractures
  - 03. Manage infections
  - 04. Manage diabetic neuropathy
  - 05. Order and provide appropriate advanced tissue product, including dressings
  - 06. Treat venous pathology/spider veins with ablative or conservative care (including possible compression garments for edema management)

07. Provide patient counseling and education, including
    - a. Foot care
    - b. Exercise
    - c. Physical therapy
    - d. Diet and nutrition
    - e. Cessation of smoking
  08. Conduct telemedicine appointments in a secure manner and notify patient of the limitations of virtual appointments
  09. Consult with patient's primary care provider (for DM, HTN, Cardiac, Renal, weight control, etc.)
  10. Refer to appropriate specialties (vascular, infectious disease, nutrition, psychiatry, HBO/wound care center, etc.)
  11. Refer for rehabilitation
  12. Sign opioid treatment agreement/consent form
- C. Pharmacological Management
01. Prescribe wound care products (both oral and topical)
  02. Prescribe oral and topical pain/anti-inflammatory medications (and fungal medication if necessary)
  03. Add prescribe appropriate antibiotic regimens (antibiotics and probiotics) and coordinate care with pharmacists, infectious disease specialists and renal specialists to titrate antibiotic doses (based on culture results)
  04. Check patient/inr levels if patient is on warfarin and make appropriate referral
- D. Surgical treatment
01. Assess and make appropriate surgical treatments
  02. Assess and make appropriate surgical decisions for amputation
  03. Provide post-op care (and wound care modalities)
  04. Address post-op living situation of patient to verify adequate support for wound care and medication management
  05. Address social and financial status of patient and make appropriate referral to social work as needed

Tasks in Domain III draw upon the following knowledge areas:

- *Anatomy and Physiology:* K01, K04
- *Etiology and Pathology:* K06, K07, K08. K09. K10, K11, K12, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23
- *Diagnostic Considerations:* K25, K27, K30, K32, K33, K35, K36, K37, K38, K39
- *Treatment:* K41, K42, K43, K44, K45, K46, K47, K48, K49, K50, K51, K52, K53, K54, K55, K56, K57

#### **IV. OFFLOADING METHODS (10% -- 25 items)**

- A. Offloading Devices
01. Order and apply strapping/padding
  02. Order and apply total contact casting
  03. Order and apply orthotic devices/braces
  04. Order and apply walker boot/cast shoe or surgical shoe
  05. Order and apply diabetic/therapeutic shoe and inserts
  06. Order and apply CROW boot for management of Charcot neuropathy

Tasks in Domain IV draw upon the following knowledge areas:

- *Anatomy and Physiology*: K04
- *Etiology and Pathology*: K06, K11, K12, K22
- *Diagnostic Considerations*: K35, K36, K37, K38
- *Treatment*: K41, K50, K51

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## KNOWLEDGE AREAS

### **Anatomy and Physiology**

- K01. Vascular and lymphatic systems
- K02. Nervous system
- K03. Integumentary system
- K04. Musculoskeletal system
- K05. Endocrine system

### **Etiology and Pathology**

- K06. Trauma
- K07. Infection
- K08. Metabolic
- K09. Vascular
- K10. Neoplasms (benign/malignant)
- K11. Deformities (congenital and acquired)
- K12. Musculoskeletal/Biomechanical
- K13. Genetics
- K14. Neurological/Neuropathy
- K15. Dermatological
- K16. Immunological
- K17. Nutritional
- K18. Iatrogenic
- K19. Chemical/radiation exposure
- K20. Environmental factors
- K21. Cold/heat injuries
- K22. Other atypical wounds
- K23. Other precipitating factors

### **Diagnostic Considerations**

- K24. Area of complaint (location, onset)
- K25. Cause of complaint
- K26. Quality of the discomfort (including pain quality assessment scale PQAS)
- K27. Radiation of symptoms
- K28. Frequency and duration
- K29. Effects of comorbidities

- K30. Previous treatment
- K31. Pathergy
- K32. Laboratory studies and biopsies
- K33. Vascular studies
- K34. Neurological studies
- K35. Imaging (X-ray, MRI, CT, ultrasound, etc.)
- K36. Gait analysis
- K37. Shoe gear and footwear evaluation
- K38. Aggravating/alleviating factors
- K39. Wound or wound bed description (including dimensions, thickness, stage/classification, etc.)
- K40. NLDLOCAT assessment

### **Treatment**

- K41. Management of wounds
- K42. Factors affecting healing (especially blood sugar)
- K43. Topical therapy
- K44. Physical therapy
- K45. Pharmacology, anesthesia, and medication
- K46. Nutrition
- K47. Surgery
- K48. Growth factors
- K49. Hyperbaric treatment
- K50. Offloading (including casting, splinting, bracing, etc.)
- K51. Diabetic shoes and orthotic devices
- K52. Rehabilitation
- K53. Outcome evaluation
- K54. Patient advice and counseling
- K55. Other integrated medicine modalities
- K56. Advanced tissue products (including stem cells, platelet rich plasma)
- K57. Consultations/referrals to specialists

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## SAMPLE EXAMINATION QUESTIONS

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

### **ANSWER TO SAMPLE QUESTIONS**

1.3; 2.3; 3.1; 4.2

### **CONTENT OUTLINE REFERENCE:**

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

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## 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).

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## 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 Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear 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](http://www.ptcny.com).

Note: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

PTC22058  
Updated 7/2022

**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] 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] 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]. 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]. 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], 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] 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], 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] 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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g. disciplinary action undertaken or resolved) and licensure (e.g. suspension or revocation).

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 American Board of Multiple Specialties in Podiatry Certification in  
Primary Care in Podiatric Medicine and Foot and Ankle Surgery  
International Designation**



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
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**Candidate Information**

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

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (REQUIRED)  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Month Day Year

**Testing Period:**  Spring  Fall

**Eligibility and Background Information**

Darken only one choice for each question unless otherwise directed.

- A. FOR WHICH EXAMINATION ARE YOU REGISTERING?  
 Primary Care in Podiatric Medicine only  
 Foot and Ankle Surgery only  
 Both Primary Care and Foot and Ankle Surgery
- B. HAVE YOU TAKEN THE PRIMARY CARE IN PODIATRIC MEDICINE CERTIFICATION EXAMINATION BEFORE?  
 No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_
- C. HAVE YOU TAKEN THE FOOT AND ANKLE SURGERY CERTIFICATION EXAMINATION BEFORE?  
 No  Yes If yes, when (month/year): \_\_\_\_/\_\_\_\_
- D. NUMBER OF YEARS OF CLINICAL EXPERIENCE:  
 Three  Five  Eight to ten  
 Four  Six to seven  Eleven or more
- E. PRIMARY PLACE OF EMPLOYMENT: (Darken only one response.)  
 Private Practice  University/Academic  
 Group Practice  Government  
 Clinic  Other (please specify below)  
 Hospital \_\_\_\_\_
- F. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?  
 No  Yes
- G. IF CERTIFIED BY OTHER PODIATRIC BOARD, PLEASE INDICATE: (Darken all that apply.)  
 ABPS  ABPO  Other (please specify below)  
 ABPOPPM  ACFS \_\_\_\_\_
- H. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?  
 No  Yes
- I. YEARS OF RESIDENCY: (ENTER WHOLE NUMBER) \_\_\_\_\_
- J. HOW DID YOU HEAR ABOUT US?  
 Magazine Article  Trade Show  
 Website  Colleague  
 Other (please specify) \_\_\_\_\_

K. HOSPITAL AFFILIATION:  
 Hospital Name \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_



**Application for American Board of Multiple Specialties in Podiatry Certification in  
Primary Care in Podiatric Medicine and Foot and Ankle Surgery  
International Designation**



**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:  African American  Hispanic  White  Asian  Native American  No Response

Age Range:  Under 25  25 to 29  30 to 39  40 to 49  50 to 59  60+

Gender:  Male  Female

**Educational and Background Information**

**PODIATRIC EDUCATION HISTORY:**

Podiatry School Name : \_\_\_\_\_ Dates Attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address : \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PROFESSIONAL WORK EXPERIENCE:**

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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

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  0220  0230

Fee: \_\_\_\_\_

CC  Check

\_\_\_\_\_



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



## International Designation

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.

Mr. First Name Middle Initial  
 Mrs.   
 Ms.   
 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.

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

### 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:  African American  Hispanic  White  Asian  Native American  No Response

Age Range:  Under 25  25 to 29  30 to 39  40 to 49  50 to 59  60+

Gender:  Male  Female

Complete Page 2

47888



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



## International Designation

### 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.

I agree that, if I become certified, I will notify the ABMSP within 60 days of any changes which become known to me about my professional status (e.g., disciplinary action undertaken or resolved) and licensure (e.g., suspension or revocation).

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

\_\_\_\_\_

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