

**New York State Podiatric Medical Association &  
New York College of Podiatric Medicine**

***2020 Virtual Radiology Course***  
**Application for Unlicensed Persons**

**\*\*This course is for podiatric assistants working under NYS podiatrists. Assistants practicing in offices in other states will NOT be able to transfer this certification to their home state as it is a NYS-specific privilege to license unlicensed individuals in radiography.**

**The new virtual format requires supervising DPM to proctor the exam and provide access to Xray machine.**

**Course Date & Time:** Wednesday, November 11<sup>th</sup>, 2020,  
9:00am-5:00pm

**Course Location:** Virtual- Access link will be provided after registration.

**Registration Deadline: Friday October 30th, 2020**

**Registration contact:** Sonia Lunn

*Email:* [slunn@nyspma.org](mailto:slunn@nyspma.org),

*Phone:* 212-996-4400

*Fax:* 646-672-9344

**Office Address (if mailing payment, please email to let us know):**

NYSPMA, Attn: Sonia Lunn  
555 8<sup>th</sup> Avenue, Suite 1902  
New York, NY 10018

**Materials Needed:**

1. Payment & Application (included)
2. DPM Attestation Form (Included)
3. Diploma (High School, or equivalent/ higher degrees accepted)  
(GED, High School Equivalency, College & Masters are O.K.)
4. Letter of moral character from applicant's employer on company stationery

**Please Send All Materials Together**

**Attestation Form: Outlining the Responsibilities of Supervising DPMs  
For the Virtual Radiology Course for Unlicensed Podiatric Assistants  
Provided by NYSPMA & NYCPM**

NYSPMA & NYCPM will be offering the Radiology Certification for unlicensed podiatric assistants as a hybrid virtual & hands-on course due to the limitations on large gatherings during the COVID-19 pandemic. In order to uphold the educational quality of this course during these unprecedented times and demonstrate compliance with the certification requirements, a supervising DPM must be available to proctor the mandatory written and practical components of this course in an office setting (with access to Radiography Equipment), verifying and documenting compliance for subsequent certification.

The lecture portion of this exam will be given remotely by the New York College of Podiatric Medicine through video conference. The proctored written exam will be provided and evaluated by NYCPM. The practical component will be video recorded under the supervision of a DPM. The exam will consist of a specific list of learning objectives and skills that the student must successfully demonstrate on an x-ray machine provided by the supervising DPM in the office setting. This video recording will be sent to the radiology department at NYCPM for final review before certifications are issued.

This certification has always been available to unlicensed podiatric assistants under the supervision of a licensed DPM. As such, it is the ultimate responsibility of the DPM to ensure that assistants are capable of safely completing all necessary skills before they are allowed to do so on patients.

**Day-of Course Requirements:**

- Reliable Wireless Connection for the duration of the 8-hour course.
- Xray Machine
- Supervising DPM time commitment will be a maximum of 1 hour to proctor the written exam & practical component
- Smart Phone, or another device with video recording capabilities & the ability to email this recording.

All supervising DPMs are required to uphold the integrity of the written and practical exam components of this certification course. We expect this to be an educational experience at least to the standard of, if not higher, than the previously offered on-site course. We hope this new virtual format will be convenient for our members and non-member participants as it will eliminate the necessity for travel time and expenses related to the historically on-site format of this course.

I hereby certify and attest that I will fulfill the applicable requirements of Section 65.7 of the Commissioner's Regulations as a supervising Podiatrist.

Supervising DPM: (print) \_\_\_\_\_ (& sign) \_\_\_\_\_

Student Name: (print) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# NYSPMA Podiatric Radiography Course for Unlicensed Individuals in NYS

## REQUIREMENTS:

1. Applicants must be at least 18 years old
2. Applicants must have a high school diploma or equivalent or Post-Secondary Diploma– **Attach copy of diploma or GED**
3. Applicants must be of good moral character – **Supply letter from doctor attesting to character**
4. Applications must be submitted in completion. We do not accept applications that do not have all four necessary components (Registration form, application, HS diploma or equivalent, letter of moral character) or are submitted in piecemeal.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_

c/o Doctor/Employer: \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Email (REQUIRED):

## PAYMENT INFORMATION:

- \$295 Per Registrant (NYSPMA Member’s Staff)                       \$495 Per Registrant (Non Member’s Staff)

Complete registrations will not be processed without payment.

- To pay by check: Mail check payable to NYSPMA to the attention of Sonia Lunn, 555 Eighth Avenue, Suite 1902, New York, NY 10018
- To pay by credit card: Scan and Email form to [slunn@nyspma.org](mailto:slunn@nyspma.org) (we highly recommend this method) or fax to 646-672-9344 to the attention of Sonia Lunn

Check Enclosed                      Amount \$ \_\_\_\_\_

MasterCard                       Visa                      Amount \$ \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

## CANCELLATION POLICY:

Registrations cancelled by **Friday October 30th, 2020**, will be refunded in full, minus a \$25.00 processing fee. All cancellation requests must be emailed to [slunn@nyspma.org](mailto:slunn@nyspma.org). No refunds will be issued after **Friday October 30th, 2020**.

## CONFIRMATION:

**Confirmation and study guide will be emailed to registrant upon acceptance of all application materials. If you do not receive a confirmation email with study guide, you must reach out to [slunn@nyspma.org](mailto:slunn@nyspma.org) -- you are not enrolled in the course.**

## DEADLINE AND CONDITIONS TO APPLY:

**All COMPLETE applications (Registration form, application, high school diploma, and letter of moral character, and DPM attestation form) must be received by **Friday October 30th, 2020**.**

## QUESTIONS?

Email Sonia Lunn at [slunn@nyspma.org](mailto:slunn@nyspma.org) or call the NYSPMA office at 212-996-4400

Please email, fax or mail this application att: Sonia Lunn at NYSPMA  
New York State Podiatric Medical Association  
555 8<sup>th</sup> Avenue  
New York, NY 10018  
**Office Phone: (212) 996-4400**

**APPLICATION FOR A PODIATRIC RADIOGRAPHY COURSE  
FOR UNLICENSED INDIVIDUALS**

APPLICANTS MUST COMPLETE ALL PAGES OF THIS APPLICATION **IN INK, WRITTEN LEGIBLY**  
**IF YOU DO NOT HAVE CLEAR HANDWRITING PLEASE TYPE THE INFORMATION AND SIGN IN INK**

**BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE:**

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

**MAILING ADDRESS:**

Apt./Bldg \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TELEPHONE/FAX and EMAIL:**

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**(IMPORTANT: You must notify the State Education Department promptly of any address or name changes.)**

Do you now hold, or have you ever held, a license or certificate to practice in any profession in any jurisdiction?  YES  NO

(If so, list below and attach other pages as needed.)

|                     |                         |                       |
|---------------------|-------------------------|-----------------------|
| _____<br>Profession | _____<br>License Number | _____<br>Jurisdiction |
| _____<br>Profession | _____<br>License Number | _____<br>Jurisdiction |
| _____<br>Profession | _____<br>License Number | _____<br>Jurisdiction |

Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?  YES  NO

Are criminal charges pending against you in any court?  YES  NO

Are charges pending against you in any jurisdiction for any sort of professional misconduct?  YES  NO

**NOTE:** If you answer "Yes" to any of the above three questions, submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

**EDUCATION**

In the spaces below, give an accurate record of your postsecondary educational preparation. List all colleges attended and degrees received. (Attach additional sheets if necessary.)

| SCHOOLS ATTENDED AND LOCATIONS | NUMBER OF YEARS ATTENDED | ATTENDANCE    |              | DIPLOMA OR DEGREE OBTAINED |
|--------------------------------|--------------------------|---------------|--------------|----------------------------|
|                                |                          | Entrance Date | Leaving Date |                            |
|                                |                          |               |              |                            |

**REASONABLE TESTING ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES**

I have been diagnosed as having a disability and require reasonable testing accommodations. Please check one:

- Please send the **Request for Reasonable Testing Accommodations** form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations.
- I have already received a Request for Reasonable Testing Accommodations form from the Office of the Professions.
- I have already sent in my Request for Reasonable Accommodations Form and required supporting documentation to the Office of the Professions.

**CITIZENSHIP/IMMIGRATION STATUS:**

Federal law limits the issuance of this certificate to United States citizens or qualified aliens. To comply with this Federal Law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I am: (Check one box)**

- A United States citizen or National.
- An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- An alien lawfully admitted for permanent residence in the United States.
- An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- Non-Immigrant (Temporarily in U.S.)  
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_

If you are not a United States citizen please enter your registration, Visa, or receipt number issued by the Immigration and Naturalization Service: \_\_\_\_\_

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE IMMIGRATION AND NATURALIZATION SERVICE (INS) AT: 1-800-375-5283.**

**GENDER AND ETHNICITY: (This item is optional)**

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

- GENDER:     Male                                     Female
- ETHNICITY:  White (not Hispanic)     Black (not Hispanic)     Asian             Hispanic             Native American

**AFFIDAVIT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of certificate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_