

Podiatrist Ankle Surgery Privilege Form 4PODPRB Certification of Training and Experience

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your New York State Podiatry License. Be sure to sign and date item 6.
2. Send a Form 4PODPRB to:
 - a. For procedures done during residency, the Program Director of your residency program.
 - b. for procedures done under an ankle surgery limited permit, the supervisor(s) of the procedures.
 - c. For procedures completed in other circumstances, the Chief of Service of the appropriate department of the facility in which the procedure was performed.
3. The individual(s) certifying training and experience must complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. The form must bear an original signature of the individual(s) and date(s). Photocopy this form as needed. **This form will not be accepted if submitted by the applicant.**

Section I - Applicant Information

1. Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Your Name Exactly As It Appears On Your New York State Podiatry License

Last

First

Middle
4. Mailing Address (You must notify the Department promptly of any address or name changes)

Line 1

Line 2

Line 3

City

State ZIP Code

Country/
Province

5. Name at time the procedures were performed (if different from above)

6. Name of individual completing Section II

Assigned number from Form 4PODPRA

7. I request and give my permission to the individual listed in item 5 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for a podiatric ankle surgery privilege. 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 of the application and may result in criminal prosecution and/or the filing of charges of professional misconduct.

Applicant's Signature

Date

Section II - Certification of Training and Experience

Instructions to Individual Certifying Training and Experience: Complete Part A and B, sign and date the certification and send all pages of this form directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license.**

Name of the applicant _____
 (see Section I, item 5)

Part A - Qualifications

I am a licensed: _____ in _____ State
 Professional Title

License Number _____ Date Licensed _____
 (Attach a copy of your license if other than New York State. If physician, mo. day yr.
 attach orthopedic surgery board certification.)

Part B - Procedures Performed by the Applicant: The applicant has completed the following procedures to an acceptable standard of care as a Surgeon of Records or First Assistant during Residency Training. If the procedure applies to more than one category, list the procedure in each category to which the procedure applies. Attach additional sheets if necessary in this same format.

In choosing procedures to include on this form, the submitted procedures must be ones that the podiatrist was legally authorized to perform (e.g., under a limited residency permit, under a limited ankle surgery permit, or in a jurisdiction that permitted such procedures). The general rule is that procedures that were in former scope of practice of podiatry (those that a podiatrist could perform prior to February 17, 2014 if competent to do so) are not acceptable toward the procedures required for an ankle surgery privilege. There are, however, certain procedures that were in the former scope that are acceptable. These include:

1. Ankle fusion - Under the former scope, a podiatrist could perform that part of the fusion that involves the talus but not that part of the procedure that involved the tibia or fibula. To the extent that the knowledge and skills needed to perform the portion of the procedure that was in the former scope are the same as the knowledge and skills to perform those parts of the procedure that are in the expanded scope, ankle fusion procedures in which the podiatrist acted within the former scope are acceptable.
2. Ankle arthroscopy - Under the former scope, a podiatrist could perform an arthroscopic procedure on that part of the ankle that was below the ankle mortise but could not do so to treat above that level. Because the mechanics of inserting the arthroscope are the same for procedures under the new scope of practice as they are for procedures that fall under the former scope, arthroscopies performed under the former scope are acceptable toward the arthroscopy requirement. However, they would not be acceptable toward the osseous or soft tissue requirements. On the other hand, ankle arthroscopies for procedures beyond the former scope could be used toward the osseous and soft tissue requirements, provided that the podiatrist was legally authorized to perform the procedure (e.g., under a limited residency permit, under a limited ankle surgery permit, or in a jurisdiction that permitted such procedures).
3. Procedures on soft tissue structures that connect to both the foot and the leg - To the extent that the procedure is performed proximal to the ankle mortise, it is acceptable. Procedures performed below that level are not acceptable.

Acceptability of Procedures	
Brostrom procedures	Basic Brostrom procedures are not acceptable. Modified Brostrom procedures, which involve surgical repair, enhancement or revision of soft tissues attaching to the fibula and for which the operative record clearly indicates the surgeon working with the fibula, are acceptable.
Repair of Achilles tendon midsubstance tear	Acceptable
Gastrocnemius recession	Acceptable
Repair peroneal subluxation	If the procedure involves cutting the fibula or using soft tissue structures proximal to the ankle mortise, yes. Otherwise, no.
Achilles lengthening	Acceptable if proximal to the ankle mortise.

Surgical Procedure Performed (List operative diagnosis)	Number of Procedures	Date(s)	Facility where Surgery Performed

Section II - Certification of Training and Experience (Continued)

Part B - Procedures Performed by the Applicant (continued): The applicant has completed the following procedures to an acceptable standard of care as a **Surgeon of Records or First Assistant during Residency Training**. If the procedure applies to more than one category, list the procedure in each category to which the procedure applies. Attach additional sheets if necessary in this same format.

Surgical Procedure Performed (List operative diagnosis)	Number of Procedures	Date(s)	Facility where Surgery Performed

Affidavit

I hereby declare and affirm that I am knowledgeable about, and qualified to attest to, the applicant's work and the work experience and ability and that the work experience described is true and accurate. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for charges of misconduct and/or criminal prosecution.

Signature _____

Date _____

Print Name _____

Address _____

Telephone _____ Fax _____

Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Podiatry Unit, 89 Washington Avenue, Albany, NY 12234-1000.