

NOTICE OF PROPOSED RULE ADOPTION

**STATE OF MISSISSIPPI
{INSERT AGENCY NAME}
{Optional Insert Agency Division or Department}**

{Insert Name of Agency}
c/o {Insert Name of Agency Contact Person}
{Insert Address line 1}:
{Insert Address line 2}
{Insert Address line 3}
{Insert Address line 4}
{Insert Telephone Number}
{Insert e-mail address}:

Specific Legal Authority authorizing the promulgation of Rule: {Insert citation to state or federal statute, or rule _____ }
Reference to Rules repealed, amended or suspended by the Proposed Rule :{ Insert citation to specific rule(s) repealed, amended or suspended _____ }

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule: {Insert here}

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: {Insert Date} Time: {Insert Time}
Place: {Insert Place}

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least ____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

- The agency has determined that an economic impact statement is not required for this rule, or
- The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: {Insert Date}

Proposed Effective Date of Rule: {Insert Date}

Signature and Title of Person Submitting Rule for Filing

VII. LICENSURE BY RECIPROCITY OR ENDORSEMENT - PODIATRIC MEDICINE

- A. The Board may grant a license to practice podiatric medicine without further examination to a graduate in podiatric medicine who holds a valid, active license to practice podiatric medicine in another state, provided the requirements in said state are equal to those required by this Board and the other state extends the same reciprocal privileges to this state.
 - B. If the original license of an applicant was obtained by state board examination, the applicant must have application certified by the state board where original license was obtained by written examination.
 - C. The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomats of the National Board of Podiatric Examiners. If a Diplomat of the National Board of Podiatric Examiners, the applicant must obtain certification of endorsement from that Board and submit the same with application.
 - D. In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
 - 1. Applicant must be twenty-one (21) years of age, and of good moral character.
 - 2. Applicant must have had at least four (4) years high school and be graduate of same; he shall have at least one (1) year pre-podiatry college education.
 - 3. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 - a. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.
 - b. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be recognized by the Council on Education of the American Podiatry Association.
84. Must present proof of completion of (1) one year of APMA-approved postgraduate training in the U.S. or Canada.

45. Present certified copy of birth certificate.
56. Must submit an application for medical license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport-type) attached. A Polaroid or informal snapshot picture will not be accepted.
67. Submit fee prescribed by the Board.
78. Must appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and successfully pass the Jurisprudence Examination as administered by the Board.