



Rick Scott  
Governor

## PODIATRIC RESIDENT HOSPITAL REPORT

**PROGRAM DIRECTOR -----** Each new resident must complete the Podiatric Resident Registration form DH-MQA 1139, a copy of which must be attached to this report.

### DO NOT REPORT "LICENSED RESIDENTS" ON THIS FORM

**ANNUAL PERIOD:** \_\_\_\_\_ **THRU** \_\_\_\_\_

**NAME OF REPORTING HOSPITAL:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_ **Telephone Number (     ) \_\_\_\_\_**

**Program Address:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Pursuant to Section 456.0635, Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet of paper providing accurate details and submit copies of supporting documentation.**

- a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, do not answer b.)
- b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, do not answer d.)
- d. If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated, has the applicant been reinstated and in good standing with the Florida Medicaid Program for the most recent five years? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, do not answer f. and g.)

f. Has the applicant been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? Yes \_\_\_\_\_ No \_\_\_\_\_

g. Did the termination occur at least 20 years prior to the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section A - Podiatrists on staff or who otherwise serve in a supervisory position:**

NAME

LICENSE #

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(Attach supplemental list as needed)

**Section B - Podiatrists beginning residency during this reporting period. (Please note that if a podiatrist was listed in this area last reporting period, they are not listed here again but listed in Section C):**

NAME

RESIDENCY BEGINS

RESIDENCY ENDS

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(Attach supplemental list as needed)

**Section C - Podiatrists continuing in residency:**

NAME

RESIDENCY BEGAN

RESIDENCY ENDS

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(Attach supplemental list as needed)

**Section D - Podiatrists who completed residency:**

NAME

RESIDENCY BEGAN

RESIDENCY ENDED

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(Attach supplemental list as needed)

**Section E - Podiatrists who have withdrawn:**

NAME	RESIDENCY BEGAN	RESIDENCY ENDED
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(Attach supplemental list as needed, indicate status with regard to rights and qualifications for readmission)

**ATTACH COPY OF HOSPITAL'S MOST RECENT RESIDENCY PROGRAM EVALUATION BY THE COUNCIL ON PODIATRIC MEDICAL EDUCATION**

As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

I, \_\_\_\_\_, hereby certify that statements

(Print or type name of program director)

contained herein are true to the best of my knowledge. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty may be subject to criminal penalties as provided for in Section 837.06, Florida Statutes.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date