

REQUIRED DOCUMENTS: PODIATRY

- Application form for conducting supervised podiatric / surgical podiatric work (attached below)**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
- Application Form to take the examination in podiatry (attached below).**
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- Questionnaire for Health Care Professionals.**
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family)
- 1 photocopy of an Israeli identity card**
 - Including the address slip and statement of status in Israel (citizen or resident).
 - If you don't have it yet, a copy of your current passport.
- A final Diploma of podiatry / surgical podiatry(BA/BSC and MA/MS).**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- University Transcript, divided according to semester/year WITH course descriptions and confirmation of start and end date of your studies.**
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

REQUIRED DOCUMENTS - CONTINUED

- An original status recognition certification – to those previously holding a status recognition certification by the Ministry of health**
A confirmation of occupation abroad in the profession for a duration of at least two years in all operations under license.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Those applying for a **surgical podiatry certificate of profession** must also fill out a confirmation of practical training of two years, in the country in which they have completed the studies of that profession.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed.**
 - The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant **To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

