

POSTGRADUATE TRAINING				BPM Use Only
14. Have you completed, or are you currently participating in a residency program approved by the Council on Podiatric Medical Education? <i>If YES, list name and address of the program facility. Submit an original <b>Certificate of Approved Residency Program Training (Form P4A-P4B)</b>. Please use additional sheet of paper if necessary.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Name of Residency Program and Residency Type	Mailing Address	Attendance Dates		
		Start		<input type="checkbox"/>
		End		
UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING				
15. Have you ever received partial or no credit for a postgraduate training program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
16. Have you ever taken a leave of absence or break from your training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
17. Have you ever been terminated, dismissed or expelled from a program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
18. Have you ever resigned from a program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
19. Were you ever placed on probation for any reason?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
20. Were you ever disciplined or placed under investigation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
21. Were any incident reports ever filed by instructors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
22. Were any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
23. Have you ever had a postgraduate training program contract not be renewed or offered for a following year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 15 – 23 requires a signed and dated written explanation.				
PODIATRIC MEDICAL LICENSE				
24. Have you ever held, or do you currently hold a podiatric medicine license in any other U.S. state or U. S. territory or Canadian province or foreign country? <i>If YES, list state or country, license number, date issued and dates of practice in issuing agency's jurisdiction for each license. Submit a <b>Request for License Verification/Letter of Good Standing by State Licensing Agency (Form P3)</b> for a license verification for <u>each</u> state in which you are licensed or have been licensed. Please use additional sheet of paper if necessary.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
State or Country	License Number	Date of Issuance	Dates of Practice	
			Start	
			End	
			Start	
			End	
			Start	
			End	
MALPRACTICE HISTORY				
25. Has a claim or an action ever been filed against you for the practice of medicine that resulted in a malpractice settlement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
26. Has a judgment or arbitration ever been awarded in the amount of \$30,000 or more?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 25 – 26 requires a signed and dated written explanation.				
				<b>P1C</b>