

REQUEST FOR LETTER OF GOOD STANDING / LICENSE VERIFICATION BY STATE LICENSING AGENCY

If you held, or currently hold a doctor of podiatric medicine license (limited, resident or permanent) in another state, please request a letter of good standing/license verification. Use one form for each state agency where a license is held. **Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.**

TO BE COMPLETED BY APPLICANT:

Please type or print.

Name:

Address:

City / State / Zip:

Telephone Number:

Date of Birth:

E-mail Address:

TO BE COMPLETED BY STATE LICENSING AGENCY:

BPM Use
Only

State/Province:

License Number:

Issue Date:

Expiration Date:

Status:

UNUSUAL CIRCUMSTANCES

1. Has the license ever been denied, restricted, suspended, terminated or revoked? Yes No

2. Is there any action currently pending against the licensee? Yes No

A "yes" response to questions 1 – 2 requires a signed and dated letter of explanation by state agency official.

STATE AGENCY OFFICIAL CERTIFICATION

AFFIX STATE
SEAL

I certify that this license is valid, current, has never been suspended or revoked, and that records in this office indicate that there are not now, nor have there ever been any charges filed against the holder of this license.

PRINTED NAME OF AGENCY OFFICIAL

TITLE OF AGENCY OFFICIAL

SIGNATURE OF AGENCY OFFICIAL

DATE

PHONE NUMBER

WEBSITE

Note: If any portion of the above certification is deleted or modified, please attach an explanation.

P3