



EXPLANATION TO APPLICATION QUESTION # _____

This form may be used to provide a detailed written explanation for a “yes” response to a question on the Application. Please use as many forms as necessary to provide a detailed explanation. A separate form is to be used for each question.

Please print or type. Illegible applications will be returned.

APPLICANT’S INFORMATION

NAME:

Date of Birth:	SSN or ITIN:	Podiatric Medical School of Graduation:
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NARRATIVE EXPLANATION

SIGNATURE: _____ **DATE:** _____

Applicant’s signature and date are required.