

PREMEDICAL EDUCATION				BPM Use Only
4. List Name and address of all colleges or universities where premedical education was received.				
Name of Premedical School(s)	Mailing Address	Attendance Dates		
		Start		<input type="checkbox"/>
		End		
		Start		<input type="checkbox"/>
		End		
		Start		<input type="checkbox"/>
		End		
		Start		<input type="checkbox"/>
		End		
PODIATRIC MEDICAL EDUCATION				
5. List Name and address of all colleges or universities where Podiatric Medical education was received.				
Name of Podiatric School(s)	Mailing Address	Attendance Dates		
		Start		<input type="checkbox"/>
		End		
		Start		<input type="checkbox"/>
		End		
School of Graduation	Title of Degree Awarded	Issue Date of Degree		
				<input type="checkbox"/>
UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL				
6. Did you ever take a leave of absence during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
7. Were you ever placed on probation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
8. Were you ever disciplined or placed under investigation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
9. Were any negative reports ever filed by your instructor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
10. Were any limitations or special requirements imposed on you because of questions of academic or disciplinary problems, or for any other reason?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 15 – 19 requires a signed and dated written explanation.				
EXAMINATIONS				
11. Have you ever been found to have engaged in irregular behavior during an examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
12. Have you ever been subject to an investigation by an examination entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 20 – 21 requires a signed and dated written explanation.				
13. List all of the examinations you have taken administered by the National Board of Podiatric Medical Examiners.				
Examination	Location	Date	Result	
APMLE Part I				<input type="checkbox"/>
APMLE Part II				<input type="checkbox"/>
Part III (PMLexis)				<input type="checkbox"/>
				P1B