

## PHOTOGRAPH

### Photograph

Affix a 2" x 2" Photo Here

Photo Must Be Recent  
and Must Be of your Head  
and Shoulder Areas Only

Altered Photographs  
are NOT acceptable

I hereby declare under penalty of perjury under the laws of the state of California, that the photo of myself attached hereto, was taken on or about \_\_\_\_\_.

My age then being \_\_\_\_\_ years.

Hair color \_\_\_\_\_

Eye Color \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Identifying marks \_\_\_\_\_

**NOTICE:** All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the delay of processing your application or being rejected as being incomplete. The information provided will be used to determine qualifications for licensure per section 2479 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other podiatric or medical licensing authority or the Federation of the Podiatric Medical Boards. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer of the Board of Podiatric Medicine is the custodian of records.

## APPLICANT DECLARATION

I, \_\_\_\_\_, certify that I am the person referred to in this foregoing application for a certificate to practice Podiatric Medicine in the State of California and that I have carefully read and thoroughly understand all the requirements therein and that the statements made herein and all attachments are true and correct under penalty of perjury under the laws of the State of California.

I request that the Board of Podiatric Medicine initiate a review of the records to determine my eligibility for licensure in California. In making this request, I authorize the release of any information or records held by any individual or agency, relative to my training and qualifications as a Doctor of Podiatric Medicine upon request by the Board for the use in evaluating my application.

I am the lawful holder of the degree of Doctor of Podiatric Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof.

**I understand that any omission, falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at  
Day Month Year

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City County State