## **PHOTOGRAPH** I hereby declare under penalty of **NOTICE**: All items in this application are mandatory; none perjury under the laws of the state of are voluntary. Failure to provide any of the requested Photograph information will result in the delay of processing your California, that the photo of myself attached hereto, was taken on or application or being rejected as being incomplete. The information provided will be used to determine about Affix a 3" x 5" Photo Here qualifications for licensure per section 2479 of the My age then being \_\_\_\_\_ years. Business and Professions Code which authorizes the Photo Must Be Recent collection of this information. Information regarding the and Must Be of your Head Hair color issuance or denial of a license by the Board may be and Shoulder Areas Only Eve Color transmitted to any other podiatric or medical licensing authority or the Federation of the Podiatric Medical Boards. Altered Photographs Height Applicants have the right to review their application subject are NOT acceptable Weight \_\_\_\_\_ to the provisions of the Information Practices Act. The Executive Officer of the Board of Podiatric Medicine is the Identifying marks \_\_\_\_\_ custodian of records. **APPLICANT DECLARATION** \_\_\_, 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 Signed on this day of Dav

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