

CERTIFICATE OF PODIATRIC MEDICAL EDUCATION

This form must accompany your podiatric medical education transcripts. Use one form for each college or university attended. **All Official Transcript(s) must be mailed directly from the school to the Board to be acceptable.**

TO BE COMPLETED BY APPLICANT:

Please type or print.

Name: _____

Date of Birth: _____

TO BE COMPLETED BY PODIATRIC MEDICAL SCHOOL:

BPM Use
Only

Name of college/university: _____

Address: _____

Date applicant enrolled in school: _____

Date applicant was issued the degree: _____

Title of degree awarded: _____

The undersigned further certifies that the records of this institution show that he/she attended in this institution _____ courses of resident instruction of _____ weeks each, completing at least 4,000 hours (of at least 50 minutes each) in the subjects set forth hereunder (Business and Professions Code Section 2483), and was granted the degree of Doctor of Podiatric Medicine by the above-mentioned podiatric medicine school on the _____ day of _____.

SUBJECTS OF INSTITUTION

Alcoholism and Substance Abuse Detection	Anesthesia	Anatomy (incl. Embryology, Histology and Neuroanatomy)	Behavioral Science	<input type="checkbox"/>
Biomechanics – Foot and Ankle	Biochemistry	Bacteriology, Infectious Disease	Neurology	
Child Abuse Detection	Dermatology	Pathology, Microbiology and Immunology	Podiatric Medicine	
Orthopedic Surgery	Geriatric Medicine	Pharmacology (incl. Materia Medica and Toxicology)	Podiatric Surgery	
Physical Medicine/Therapy	Human Sexuality	Physical and Laboratory Diagnosis	Physiology	
Psychiatric Problem Detection	Medical Ethics	Preventative Medicine (incl. Nutrition)	Therapeutics	
Spousal/Partner Abuse Detection	Pediatric Medicine	Radiology and Radiation Safety	Women's Health	

UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL

- | | | | |
|--|------------------------------|-----------------------------|--------------------------|
| 1. Did student ever take a leave of absence during medical school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 2. Was student ever placed on probation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 3. Was student ever disciplined or placed under investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 4. Were any negative reports ever filed by student's instructor(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 5. Were any limitations or special requirements imposed on student due to 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 1 – 5 requires a signed and dated letter of explanation by school official.

SCHOOL OFFICIAL CERTIFICATION

AFFIX SCHOOL SEAL	<i>I certify that I am the President, Dean, or Registrar and hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.</i>			<input type="checkbox"/>
	PRINTED NAME OF SCHOOL OFFICIAL		TITLE OF SCHOOL OFFICIAL	
	SIGNATURE OF SCHOOL OFFICIAL		DATE	
	Attention Medical School: THE PERSON WHO SIGNS THIS FORM <u>MAY</u> NOT BE RELATED TO THE APPLICANT BY BLOOD, MARRIAGE OR ADOPTION. Only the President, Dean, or Registrar may sign this form. If the signature is being delegated to another person, evidence of that must be attached to this form. Such delegation must be on official letterhead and must be dated within the last 12 months.			

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