

**APPLICATION FOR LETTER OF GOOD  
 STANDING (LICENSE VERIFICATION)**

**FOR BPM USE ONLY**

Fee paid: _____	Receipt #: _____
Date Cashiered: _____	Cashier's Initials: _____
Date Approved: _____	Date Denial: _____
Approved Initial: _____	

To request a letter of good standing (license verification) for a Doctor of Podiatric Medicine license or a Doctor of Podiatric Medicine Resident's license, you must complete this form and return it to the mailing address below along with a \$30 check or money order made payable to: Board of Podiatric Medicine. Please include an "request for certification" form that may have been provided to you by the state into which you are applying for licensure (if applicable).

*Please print or type. Illegible applications will be returned.*

**LICENSEE INFORMATION:**

LICENSE NUMBER (if known):

NAME:

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

**STATE MAILING INFORMATION:**

Please provide the name and address to which the completed certification should be mailed.

STATE AGENCY:

CONTACT NAME/ATTN:

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

**This form must be mailed to the board at the address listed below with a \$30 processing fee.**

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF THE ABOVE INFORMATION.**

Signature

Date

Signature, date and processing fee are required to process this request.