VERIFICATION OF LICENSURE IN OTHER STATE

Directions for Applicant:
(Please Print or Type)

Complete this front portion of form and forward one to each state where you hold or have held a license to practice Podiatry.

TO: ________________________________
   State Board

I, ____________________________________________, am applying for a license in South Dakota to practice Podiatry based on endorsement. I was granted license #_________________________ on____________________, year______ by the State of_______________________________.

My license expires/expired______________________.

The South Dakota Board of Podiatry Examiners request that I submit verification that my license in the State of ________________________________ is in good standing or was in good standing at the time the license lapsed.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the South Dakota Board of Podiatry Examiners. Your early attention is appreciated.

Signature: ________________________________

Print Name: ________________________________

Date: ________________________________

(Over)
Directions for State Podiatry Board:

(Please print or type)

Please complete and return this form to the South Dakota Board of Podiatry Examiners, 810 North Main #298, Spearfish, SD 57783.

Name of License:__________________________________________________________________________

License #: __________________ Date Issued: ______________ Date Expired: ______________

Please verify requirement met in your state:

_____________ Graduated from a AMPA recognized school.

_____________ Passed National Boards Date Exam Passed: ______________ Score: ____________

_____________ Passed PM Lexis Date Exam Passed: ______________ Score: ____________

If possible, please supply a copy of examination results.

License Current? ________________ Expiration Date: ________________________________

Complaints or Disciplinary Actions: ________________________________________________

Explanation of Above if Answer is Yes: _______________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Signature: __________________________________________

Title: ___________________________________________

Date: _________________________________________

(State Board Seal)