



SOUTH DAKOTA BOARD OF PODIATRY EXAMINERS

810 North Main #298

Spearfish, SD 57783

605-642-1600

doh.sd.gov/boards/podiatry

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)