



LICENSE APPLICATION FOR A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE

FOR PMBC USE ONLY	
Fee paid: _____	Receipt #: _____
Date Cashiered: _____	Cashier's Initials: _____
Date Approved: _____	Date Denied: _____
Approved Initial: _____	

Read all instructions prior to completing this application. All questions on this application must be answered, unless otherwise indicated, and all supporting documents must be submitted with this application per instructions.

Please print or type. Illegible applications will be returned.

- Limited / Resident License**

 Permanent License

PERSONAL INFORMATION

**PMBC
Use
Only**

Name:

Other Name/Alias:

Social Security Number/Individual

Taxpayer Identification Number:

Gender: Male

Female

Non-binary

Date of Birth:

The address of record will not be displayed on the Podiatric Medical Board of California's website.

Address:

City / State / Zip:

Telephone Number: Home

Work

Cell

E-mail Address (optional):

1. Have you ever filed an application for licensure in California that has been withdrawn, abandoned, or denied?

Yes

No

If YES, give date of previous application:

2. Have you previously held a Doctor of Podiatric Medicine license in California?

Yes

No

If YES, give date and license number:

P1A