

PODIATRIC MEDICAL EDUCATION				PMBC Use Only
7. List Name and address of all colleges or universities where Podiatric Medical education was received.				
Name of Podiatric School(s)	Mailing Address	Attendance Dates		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Start		
		End		
		Start		
		End		
School of Graduation	Title of Degree Awarded	Issue Date of Degree		
UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL				
8. Did you ever take a leave of absence during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
9. Were you ever placed on probation during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
10. Were you ever disciplined or placed under investigation during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
11. Were any negative reports ever filed by your instructor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
12. Were any limitations or special requirements imposed on you because of questions of academic or disciplinary problems, or for any other reason during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
EXAMINATIONS				
13. Have you ever been found to have engaged in non-compliant behavior with testing policy during an examination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
14. Have you ever been subject to an investigation by an examination entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 7 – 13 requires a signed and dated written explanation.				
15. List all of the examinations you have taken administered by the National Board of Podiatric Medical Examiners.				<input type="checkbox"/>
				P1C