

PREMEDICAL EDUCATION CONTINUED				PMBC Use Only
Name of Premedical School(s)	Mailing Address	Attendance Dates		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Start:		
		End:		
		Start:		
		End:		
PODIATRIC MEDICAL EDUCATION				
8. 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"/>
		Start:		
		End:		
		Start:		
		End:		
School of Graduation	Title of Degree Awarded	Issue Date of Degree		
				<input type="checkbox"/>
UNUSUAL CIRCUMSTANCES DURING MEDICAL SCHOOL				
9. Did you ever take a leave of absence during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
10. Were you ever placed on probation during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
11. Were you ever disciplined or placed under investigation during medical school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
12. Were any negative reports ever filed by your instructor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
13. 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				
14. 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"/>
15. 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 9 – 15 requires a signed and dated written explanation.				
				P1C