

EXAMINATIONS CONTINUED					PMBC Use Only
Examination	Location	Date	Result		
Part I					<input type="checkbox"/>
Part II					<input type="checkbox"/>
Part II CSPE					<input type="checkbox"/>
Part III					<input type="checkbox"/>
POSTGRADUATE TRAINING					
15. Have you completed, or are you currently participating in a residency program approved by the Council on Podiatric Medical Education? <i>If YES, list name and address of the program facility. Submit an original Certificate of Approved Residency Training (Form P4A-P4B). Please use additional sheet of paper if necessary.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Name of Residency Program and Residency Type	Mailing Address	Attendance Dates			
		Start			<input type="checkbox"/>
		End			<input type="checkbox"/>
Name of Residency Director:					<input type="checkbox"/>
UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING					
16. Have you ever received partial or no credit for a postgraduate training program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
17. Have you ever taken a leave of absence or break from your training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
18. Have you ever been terminated, dismissed or expelled from a program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
19. Have you ever resigned from a program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
20. Were you ever placed on probation for any reason during postgraduate training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
21. Were you ever disciplined or placed under investigation during post graduate training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
22. Were any incident reports ever filed by instructors?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
23. Were any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason during postgraduate training?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
24. Have you ever had a postgraduate training contract not be renewed or offered for a following year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 16-24 requires a signed and dated written explanation.					P1D