

| PODIATRIC MEDICAL LICENSE | | | | PMBC Use Only |
|---------------------------|--|--|--|---------------------|
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| 25. Have you ever held, or do you currently hold a podiatric medical license in any other U.S. state or U.S. territory or Canadian province or foreign country? <i>If YES, list state or country, license number, date issued, and dates of practice in issuing agency's jurisdiction for each license. Submit a Request for License Verification/Letter of Good Standing by State Licensing Agency (Form P3) for a license verification for <u>each</u> state in which you are licensed or have been licensed. Please use additional sheet of paper if necessary.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
|---|------------------------------|-----------------------------|--------------------------|

| State or Country | License Number | Date of Issuance | Dates of Practice | | |
|------------------|----------------|------------------|-------------------|--|--------------------------|
| | | | Start | | <input type="checkbox"/> |
| | | | End | | <input type="checkbox"/> |
| | | | Start | | <input type="checkbox"/> |
| | | | End | | <input type="checkbox"/> |
| | | | Start | | <input type="checkbox"/> |
| | | | End | | <input type="checkbox"/> |

| MALPRACTICE HISTORY | | | |
|---------------------|--|--|--|
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| 26. Has a claim or an action ever been filed against you for the practice of medicine that resulted in a malpractice settlement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 27. Has a judgment or arbitration ever been awarded in the amount of \$30,000 or more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

A "yes" response to questions 26 – 27 requires a signed and dated written explanation.

| FORMAL DISCIPLINE BY A LICENSING BOARD IN OR OUTSIDE CALIFORNIA WITHIN THE PAST SEVEN (7) YEARS | | | |
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These questions refer only to discipline by any hospital, Military or Public Health Service, State Board, or other Government Agency of any U.S. state or territory, Canadian province, or foreign country.

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| 28. Have you ever withdrawn an application for medical licensure in lieu of denial, disciplinary action, or for any other similar reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 29. Have you ever been denied a license to practice podiatric medicine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 30. Is any denial pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 31. Have you ever had any license to practice podiatric medicine subjected to any disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 32. Is any disciplinary action pending against any of your licenses to practice podiatric medicine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |