



REQUEST FOR LETTER OF GOOD STANDING / LICENSE VERIFICATION BY STATE LICENSING AGENCY

If you held, or currently hold a doctor of podiatric medicine license (limited, resident or permanent) in another state, please request a letter of good standing/license verification. Use one form for each state agency where a license is held. **Verification must be completed and mailed directly from the licensing agency to the Board to be acceptable.**

TO BE COMPLETED BY APPLICANT:

Please type or print.

Name:

Address:

City / State / Zip:

Telephone Number:

Date of Birth:

E-mail Address:

TO BE COMPLETED BY STATE LICENSING AGENCY:

PMBC Use
Only

State/Province:		License Number:		<input type="checkbox"/>
Issue Date:		Expiration Date:		<input type="checkbox"/>
Status:				<input type="checkbox"/>

UNUSUAL CIRCUMSTANCES

1. Has the license ever been denied, restricted, suspended, terminated or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
2. Is there any action currently pending against the licensee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

A "yes" response to questions 1 – 2 requires a signed and dated letter of explanation by state agency official.

STATE AGENCY OFFICIAL CERTIFICATION

AFFIX STATE SEAL	<i>I certify that this license is valid, current, has never been suspended or revoked, and that records in this office indicate that there are not now, nor have there ever been any charges filed against the holder of this license.</i>		<input type="checkbox"/>
	PRINTED NAME OF AGENCY OFFICIAL	TITLE OF AGENCY OFFICIAL	
	SIGNATURE OF AGENCY OFFICIAL	DATE	
	WEBSITE	PHONE NUMBER	
	Note: If any portion of the above certification is deleted or modified, please attach an explanation.		

P3