

**MEMORANDUM OF UNDERSTANDING FOR
APPROVED RESIDENCY PROGRAM PARTICIPATION**

I, _____ have accepted a residency
with _____. I am fully aware that the
residency program is an approved program with the Council on Podiatric Medical Education,
thereby meeting the postgraduate training requirements for licensure in California.

I am further aware that after completing a licensure application and meeting all the licensure
requirements, I will be issued a resident's license by the Podiatric Medical Board of California for
practice only in the above-designated residency program. Should I leave the program at any time
prior to the expiration date of the resident's license, I will upon that date of departure surrender my
resident's license to the Podiatric Medical Board of California. I am entering this program with the
full knowledge that if I should not satisfactorily complete the program, no time spent in the
postgraduate training program will be credited towards the California licensure requirement.

**I certify under penalty of perjury under the laws of the State of California to the truth and
accuracy of the above information.**

Name (Please print)

Signature

Date

P5A