

**OFFICE RELOCATION NOTICE**

**Current Address:** 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216

**New Address:** The Atrium Building, 805 S. Wheatly Street, Suite 600, Ridgeland, MS 39157

*MSBML will be relocating soon. Please add the new address as a redirect address on all mailings.*

(601) 987-3079

WWW.MSBML.MS.GOV

**FAX NOT ACCEPTABLE**

**APPENDIX B**

**PODIATRY TRAINING CERTIFICATION**

Name of Podiatrist									
Name of Institution									
Institution Address									
City, State, Zip									
Training Program Name									
Program Accredited by		<input type="checkbox"/>	APMA	<input type="checkbox"/>	CPME	<input type="checkbox"/>	Not Accredited	<input type="checkbox"/>	Other
Dates of Attendance		From:			To:				
Was the podiatrist ever placed on probation, disciplined, or placed under investigation, or asked to resign? (If yes, please explain)								<input type="checkbox"/>	Yes
								<input type="checkbox"/>	No
Were any limitations or special requirements placed upon podiatrist because of questions of academic incompetence, disciplinary problems, or any other reasons? (If yes, please explain)								<input type="checkbox"/>	Yes
								<input type="checkbox"/>	No
Did instructors ever file any negative reports on this podiatrist? (If yes, please explain)								<input type="checkbox"/>	Yes
								<input type="checkbox"/>	No
Did the podiatrist take any type of leave of absence or break from his/her training? (If yes, please explain)								<input type="checkbox"/>	Yes
								<input type="checkbox"/>	No
Signature of Program Director/Chairman									
Title					Signature Date				
Email address					Telephone No.				

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address or email a PDF format to [certification@msbml.ms.gov](mailto:certification@msbml.ms.gov). Do not send this certification back to the applicant as the Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source. **A fax is not acceptable.**

November 2020