

■ 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

APPENDIX F

**REQUEST FOR COLLEGE VERIFICATION
FROM THE AMERICAN PODIATRIC MEDICAL ASSOCIATION**

TO APPLICANT:

Please complete the following information and submit to the American Podiatric Medical Association, ATTN: Membership Services Dept., 9312 Old Georgetown Road, Bethesda, Maryland, 20814, along with a check or money order in the amount of \$15.00.

Full Name of DPM _____

Professional Mailing Address _____

Place of Birth _____ Date of Birth _____

Podiatric School of Graduation _____

TO AMERICAN PODIATRIC MEDICAL ASSOCIATION:

To obtain a Mississippi Medical License, I must have a College Verification from you. Enclosed is a \$15.00 check or money order to cover the processing fee. Please accept this as my request to send a College Verification to the Mississippi State Board of Medical Licensure, 1867 Crane Ridge Drive, Suite 200-B, Jackson, Mississippi 39216.

Physician Signature

Date

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. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution. Board policy requires original documents, please do not fax.