

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
 CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216
 (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"/> Not Accredited | <input type="checkbox"/> Other |
| Dates of Attendance | From: | To: | |
| Was 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 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. 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.