

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
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 (601) 987-3079
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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
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. 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.**