

CERTIFICATE OF PODIATRY EDUCATION

(Please forward this form to the school of podiatry for certification of applicant's podiatry degree)

Do not make this endorsement unless applicant has completed the AFFIDAVIT

Please complete and return form directly to: BOARD OF MEDICAL EXAMINERS, PO BOX 200513, HELENA, MT 59620-0513

It is hereby certified that _____ of

Graduated from _____ Location

Date Graduated _____, and is to the best of our knowledge is of good moral character.

President, Dean or Registrar Signature

Date Certified

(SEAL OF SCHOOL)

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice by anyone who might possess such information to the Montana Board of Medical Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

SEAL

Signature of Notary Public

Printed Name of Notary Public

For the State of

My commission expires _____.