



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Board of Licensure of Podiatric Medicine
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

CERTIFICATE OF PODIATRIC EDUCATION

I am applying to practice podiatry in the state of Maine. The Maine board requires verification of my podiatric education. This is your authority to release any information in your files directly to the Maine board at the above address.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE PODIATRIC SCHOOL.

I hereby certify that the above named applicant has received the degree of doctor of podiatric medicine.

Name of podiatric school _____

Address of school _____

Dates of attendance: from _____ to _____

Degree conferred: _____ date conferred: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE SCHOOL
SEAL HERE**