



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
BOARD OF LICENSURE OF PODIATRIC MEDICINE  
76 NORTHERN AVENUE  
GARDINER, MAINE 04345

Joan F. Cohen  
Commissioner

## CERTIFICATE OF PODIATRIC EDUCATION

Maine's Board of Licensure of Podiatric Medicine requires verification of podiatric education. This form authorizes the educational institution to release all information requested below.

Applicant's Information	
Name:	Maine License Number:
Address:	
Attendance Start Date:	Attendance End Date:
Podiatric Education Information	
<i>(The rest of this form must be completed by the educational institution's Dean, Secretary or Registrar)</i>	
Institution Name:	
Institution Address:	
Applicant's Attendance Start Date:	Applicant's Attendance End Date:
Applicant's Conferred Degree Type:	Date Applicant Conferred Degree:
Verifier Information	
Name:	Title:
<b>I attest that the educational information provided on this form is verifiable, factual, and accurate to the best of my knowledge. I hereby certify that the applicant above has received the degree of Doctor of Podiatric Medicine.</b>	
Signature:	Date:
Institution Seal:	