

Limited License Renewal Information

Please be advised that your current podiatric limited license will expire June 30th. Limited Licenses are issued for a period of one year. Renewals are granted with proof of the licensee's continuation in a residency program, approved by the Council of Podiatric Medical Education. Renewals will be effective July 1st, and expire June 30th, of the renewal anniversary.

Allow 4-7 days for renewal completion. To receive renewal of your Limited License in a timely manner, your application must be received no later than June 1st, of the year of renewal.

<u>Please inform the Board of your intention regarding renewal of your Limited License.</u> <u>See below, make check payable to: BOARD OF PODIATRIC MEDICAL EXAMINERS.</u>

	Please return this portion with your check	
Name	of Licensee:	
Licens	e #: <u>LL</u>	
Mailing	g Address:	
	none: Email:	
Reside	ency Program Information	
	Facility Name:	
	Address:	_
	Dates:	-
	I have enclosed a check for the renewal of my podiatric limited license for \$	\$100.00
	I do not wish to renew my podiatric limited license.	
	4201 Patterson Avenue ' Baltimore, Maryland 21215-2299 '410-764-4	785
	Fax 410-358-1183 • TTD 800-542-4964 • Maryland Relay Service 1-800-7	35-2258



STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Ave • Baltimore, MD 21215-2299 • Phone: 410-764-4785 • Fax: 410-358-3083

RESIDENCY AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE RESIDENCY PROGRAM(S) ATTENDED

Last	First	Middle		
Date of Birth	S	Social Security Number		
Name of Facility				
Address				
Dates of Attendance				
THIS PORTION TO BE COMPLETED BY	THE RESIDENCY PROGRAM D	IRECTOR		
This is to certify that the above nan is currently attending and has r clinical training in the program has successfully completed po	now successfully completed listed above. OR	years of postgraduate the program listed above.		
ADDITIONAL COMMENTS:				
Name & Title of Program Director				
Signature of Program Director	D	Date		
()				

Office Telephone