



# STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

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

## STATE LICENSURE AFFIDAVIT

THIS PORTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO LICENSING BOARD(S) IN THE STATE(S) WHERE LICENSED.

_____	_____	_____
Last	First	Middle
_____		_____
Date of Birth		Social Security Number
_____		_____
State Board		Podiatry College & Date of Graduation

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD AND FORWARDED DIRECTLY TO THE BOARD OF PODIATRY IN MARYLAND.

License Number: \_\_\_\_\_ Date of Original Issue: \_\_\_\_\_

Is License in Good Standing? YES  NO  Expiration Date of License: \_\_\_\_\_

License Type:  Full/Unrestricted  Temporary/Limited  Other, please specify:

Licensed by:  State Examination  without Examination  Other, Please specify:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES  NO  If "yes", please attach documentation

Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state? YES  NO  If "yes", please attach documentation

Has the applicant ever been warned, censured or in any other manner disciplined or has applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? YES  NO  If "yes", please attach documentation

Form Completed by: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
State Board

**NOTARY SEAL & STAMP**  
*(Not valid without seal)*