

FORM #1

**OKLAHOMA STATE BOARD OF PODIATRIC MEDICAL EXAMINERS  
P.O. BOX 18256  
OKLAHOMA CITY, OK 73154-0256**

Send or take this form, with an attached copy of your diploma, to the College of Podiatric Medicine from which you graduated for verification of your graduation.

The attached diploma is a true and correct copy of that issued to:

\_\_\_\_\_

and bears the seal of \_\_\_\_\_  
(Name of School)

If no seal is had by the school, the signature of the author of this form must be notarized.

\_\_\_\_\_

I do hereby certify that, at the time of graduation, there was no disciplinary action in effect nor pending involving this graduate, and to the best of my knowledge he/she was competent to practice podiatry.

SEAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date