

Oklahoma State Board of Podiatric Medical Examiners

101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed and mailed directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name _____

Institution: _____ City/State _____

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____

Residency Clerkship Other _____ Successfully Completed? YES NO IN PROGRESS

Approved: PSR-12 PSR-24 PM&S-36 Not Approved

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____

Residency Clerkship Other _____ Successfully Completed? YES NO IN PROGRESS

Approved: PSR-12 PSR-24 PM&S-36 Not Approved

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____

Residency Clerkship Other _____ Successfully Completed? YES NO IN PROGRESS

Approved: PSR-12 PSR-24 PM&S-36 Not Approved

Training Level: (e.g. 1, 2, 3, etc.) _____ Specialty/Subspecialty _____ From: ____/____/____ To: ____/____/____

Residency Clerkship Other _____ Successfully Completed? YES NO IN PROGRESS

Approved: PSR-12 PSR-24 PM&S-36 Not Approved

1. Did this individual ever take a leave of absence or break from his/her training? YES NO

2. Was this individual ever placed on probation? YES NO

3. Was this individual ever disciplined or placed under investigation? YES NO

4. Were there any negative reports for behavioral reasons ever filed by instructors? YES NO

5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? YES NO

Please explain any "YES" response from above: _____

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)

Name: _____ Signature _____

Title of Signatory: _____ Date of Signature _____

Tel: _____ Fax: _____ E-Mail: _____