TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

PHYSICAL ADDRESS: 333 GUADALUPE 2-320; AUSTIN, TX 78701
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CERTIFICATE BY LICENSING AGENCY

TO BE COMPLETED BY APPLICANT: (Please type or print neatly.)

1. **Name:** (last)	(first)	(middle)

2. **Address:** Number and street/rural route (include apt. no., if any)			
City	State	Zip Code	Country

3. **Date of birth:** mm/dd/yy	4. **State Licensing Agency**
/ /	

TO BE COMPLETED BY STATE LICENSING AGENCY:

I certify that _____ who graduated from
Name of Applicant

_____ on _____ was granted license number _____
Name of Podiatric Medical School Date of Graduation

on _____ on the basis of _____.
Date of License Issued National Board Exam, Licensing Agency Exam, Other

NOTE: If the license was issued by written examination, complete the following certification; otherwise write across the following certification the words: ***Issued on Credentials.***

I further certify that this doctor passed the REGULAR WRITTEN EXAMINATION given by this Board on _____, and obtained a general average of _____ percent in the following subjects:
Date

Subjects of Examination	Percent	Subjects of Examination	Percent

I certify that this license is valid, current, has never been suspended or revoked, and will expire on _____; and that records in this office indicate that there are not now nor have there ever been any charges filed against the holder of this license. If licensee has been disciplined, please provide copies/explanation of Board action.

Note: If any portion of the above certification is deleted or modified, please attach an explanation.

_____ _____
Type or Print Name and Title of Agency Official Name of State Licensing Agency

_____ {Affix Seal} _____
Signature of Agency Official Address

_____ _____
Date Phone Number

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