



GEORGIA STATE BOARD OF PODIATRY EXAMINERS

237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
1(844) 753-7825

VERIFICATION OF LICENSURE FOR OUT OF STATE APPLICANTS

APPLICANT: Complete Part I and submit the entire form to all states where you have held a license. Please note that you must contact the state(s) in advance to determine if there are any fees associated with the completion of this form. Remit the necessary payment to that state along with this form.

PART I		
I, _____, do hereby authorize the _____ BOARD OF PODIATRY EXAMINERS to furnish the requested information to the Georgia State Board of Podiatry Examiners.		
_____	_____	_____
DATE	SIGNATURE	LICENSE NUMBER

~~APPLICANT—DO NOT WRITE BELOW THIS LINE—FOR LICENSING AGENCY USE ONLY~~

LICENSING AGENCY USE ONLY: The above named applicant has requested licensure with the Georgia State Board of Podiatry Examiners. To meet the current statutory requirements, the Board is requests verification of the applicant's licensure status within your state. Please submit the completed form to the above address.

PART II	
NAME:	_____
NAME OF SCHOOL:	_____
YEAR GRADUATED:	_____
LICENSE NUMBER ISSUED:	_____
LICENSE ISSUE DATE:	_____
LICENSE EXPIRATION DATE:	_____
LICENSED BY: EXAMINATION	_____
ENDORSEMENT	_____
GRANDFATHER CLAUSE	_____
LICENSE STATUS: ACTIVE	_____
EXPIRED/LAPSED	_____
INACTIVE	_____
IS THE LICENSE IN GOOD STANDING?	YES _____ NO _____
HAS THE LICENSE EVER BEEN DISCIPLINED, REVOKED OR SUSPENDED?	YES _____ NO _____
IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION?	YES _____ NO _____
REMARKS:	_____ _____ _____
	(Please attach a certified copy of any public sanctions.)
(Board Seal)	SIGNATURE: _____
	TITLE: _____
	BOARD ADDRESS: _____

	DATE: _____