

Podiatric X-Ray Assistant Application for Training Course and Examination Provider Approval



**Board of Podiatric Medicine
P.O. Box 6330**

Tallahassee, FL 32314-6330

Website: www.floridaspodiatricmedicine.gov

Email: info@floridaspodiatricmedicine.gov

Phone: (850) 245-4292

FAX: (850) 413-6982





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Email: info@floridaspodiatricmedicine.gov

Provider Type:

School or College of Podiatric Medicine *(Recognized and approved by the Council on Podiatric Medical Education)*

Commercial Educator

Governmental Agency

State or National Podiatric Medical Professional Association

1. PROVIDER INFORMATION

Provider Name: _____
(Name of Entity or Provider)

Contact/Coordinator: _____

Mailing Address:

Street/P.O. Box _____ Box. No. _____ City _____

State _____ ZIP _____ Country _____ Telephone (Input without dashes) _____

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. COURSE INFORMATION

A. Course Type: Live Home Study

B. Number of hours (must be a minimum of ____): _____

C. Minimum passing score for the examination: _____

D. Name of Program Director, if different than Coordinator:

Last/Surname First State License #, if any

Name: _____

3. INSTRUCTOR INFORMATION

Name: _____
Last/Surname First Middle

Name: _____
Last/Surname First Middle

Name: _____
Last/Surname First Middle

The following must be attached to this submission:

Syllabus

Course materials

Resume or CV of instructor(s)

4. COORDINATOR SIGNATURE

I affirm that these statements are true and correct and recognize that providing false information may result in criminal penalties pursuant to sections 456.067 and 775.083 Florida Statutes.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of approval and to supplement the information on this application as needed.

Signature _____ Date _____
You may print out the application and sign it or sign digitally. MM/DD/YYYY