Form 1 (POD)

Oklahoma State Board of Podiatric Medical Examiners
101 NE 51st Street
Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's Name _____

Institution: _____ City/State _____

Our records indicate that the above named applicant attended our medical school on the following dates:

From ____/____/____ To ____/____/____ and was awarded the degree _____
Month Day Year Month Day Year

1.	Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	☐ **YES**	☐ **NO**
2.	Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ **YES**	☐ **NO**
3.	Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ **YES**	☐ **NO**
4.	Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	☐ **YES**	☐ **NO**
5.	Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	☐ **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.

Name: _____ **Signature** _____

Title of Signatory: _____ **Date of Signature** _____

Tel: _____ **Fax:** _____ **E-Mail:** _____

School Seal

If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____

Notary Seal