Form 2 (POD)

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**

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:** _____

School Seal

If no seal is available, this form must be notarized

Notary Public _____

Commission # _____

My commission expires: _____