Katie Hobbs
Governor

Arizona State Board of Podiatry Examiners
"Protecting the Public's Health"

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# VERIFICATION OF PODIATRIC LICENSE

**Instructions (to applicant):** Please type or print in the following fields of the *upper portion only* and when complete, send it directly to each jurisdiction in which you either hold or have applied for a podiatric license. The other jurisdiction will complete the lower portion and return it directly to the Arizona State Board of Podiatric Examiners. **Please note:** each jurisdiction *may* require a fee and that fee must be submitted along with this form.

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number (include area code) _____

Last 4 Digits of Social Security No. _____ Date of Birth _____ Please list all other names, including former/maiden or other aliases _____

**I authorize the release of all pertinent information, favorable or otherwise, to the Arizona State Board of Podiatry Examiners**

**Applicant's Signature** _____ **Date** _____

**Instructions (to other jurisdiction):** Please complete following fields, sign and return it to the Arizona State Board of Podiatry Examiners to the address listed above. Please legibly affix your authorizing Seal. _____

License Number _____ Issue Date _____ Current Status _____ Expiry/Cancellation Date _____

Is the applicant currently the subject of a pending investigation in your jurisdiction? **Yes** ☐ **No** ☐
**If yes, please attach details.**

Has the applicant's license ever been denied, limited, surrendered, reprimanded, suspended or revoked? **Yes** ☐ **No** ☐
**If yes, please attach details.**

Name of Person who Completed Form _____ Title _____

**Affix Seal Here**

Jurisdiction Name and Street Address _____

City _____ State _____ Zip Code _____ Phone Number (include area code) _____

**I certify, to the best of my knowledge, that the information provided is true and accurate.**

**Representative's Signature** _____ **Date** _____

**The Americans with Disabilities Act:** Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.