



Washington State Department of

Health

Podiatric Credentialing

PO Box 47877

Olympia, WA 98504-7877

360-236-4700

Podiatric Medical Board Limited License Postgraduate Training Verification

This is to certify that _____ has been
Name of Podiatric Physician

accepted in a postgraduate training program in _____
Service

at _____ for the period beginning
Institution

_____. The individual responsible for this resident's patient
Start date

care activities will be _____
Director of program (print name)

Program address

Signature

* A resident podiatric physician means an individual who has graduated from an approved school of podiatric medicine and is serving a period of postgraduate clinical training sponsored by a college or university in this state or by a hospital accredited in this state whose program is approved by the American Podiatric Medical Association Council on podiatric medical education at the time of training. Postgraduate clinical training includes rotating podiatric residency, podiatric orthopedic residency and podiatric surgical residency.

Return completed form to the address above.