

Postgraduate Training Investigative Letter

Name of applicant (please print):		Birth date (mm/dd/yyyy):
I have applied for a license to practice podiatric medicine and surgery in the state of Washington. Before my request for a license can be reviewed, a background investigation must be completed. Please complete the following questionnaire relative to my postgraduate training and return it the address listed above.		
Please reply as soon as possible to avoid delays in the licensing process.		
I hereby authorize you to release the following information to the Washington State Podiatric Medical Board.		
Signature of Applicant:	[Date (mm/dd/yyyy):
1. Is the applicant currently or has the applicant ever been engaged in postgraduate training in your program?		
☐ Yes ☐ No Beginning Date:	e: Ending Date:	
 Briefly evaluate the applicant's competence and conduct during the program: Has the program ever had cause to restrict, suspend or terminate, or ask for a voluntary resignation of the applicant's participation in the program?		
4. Is there any information in your files that could call into question the applicant's ability to safely practice Podiatric		
medicine and surgery? Yes No If yes, explain.		
Name	Title	
Facility	Phone (enter 1	0 digit #)
Address		
Authorized Signature:	Date:	