



EXPLANATION TO APPLICATION QUESTION # _____

This form may be used to provide a detailed written explanation for a "yes" response to a question on the Application. Please use as many forms as necessary to provide a detailed explanation. A separate form is to be used for each question.		
Please print or type. Illegible applications will be returned.		
APPLICANT'S INFORMATION		
NAME:		
Date of Birth:	SSN or ITIN:	Podiatric Medical School of Graduation:
NARRATIVE EXPLANATION		
SIGNATURE:		DATE:
Applicant's signature and date are required.		