

EXAMINATIONS CONTINUED				PMBC Use Only
16. List all the examinations you have taken administered by the National Board of Podiatric Medical Examiners.				
Examination	Location	Date	Result	
Part I				<input type="checkbox"/>
Part II				<input type="checkbox"/>
Part II CSPE				<input type="checkbox"/>
Part III				<input type="checkbox"/>
POSTGRADUATE TRAINING				
17. Have you completed, or are you currently participating in a residency program approved by the Council on Podiatric Medical Education? <i>If YES, list name and address of the program facility. Submit an original Certificate of Approved Residency Training (Form P4A-P4B). Please use additional sheet of paper if necessary.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Name of Residency Program and Residency Type	Mailing Address	Attendance Dates		
		Start		<input type="checkbox"/>
		End		<input type="checkbox"/>
Name of Residency Director:				
UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING				
18. Have you ever received partial or no credit for a postgraduate training program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
19. Have you ever taken a leave of absence or break from your training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
20. Have you ever been terminated, dismissed or expelled from a program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
21. Have you ever resigned from a program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
22. Were you ever placed on probation for any reason during post graduate training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
23. Were you ever disciplined or placed under investigation during post graduate training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
24. Were any incident reports ever filed by instructors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
25. Were any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason during post graduate training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
26. Have you ever had a postgraduate training program contract not be renewed or offered for a following year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
A "yes" response to questions 18-26 requires a signed and dated written explanation				P1D