#### **MAILING ADDRESS:**

PO BOX 2649 Harrisburg, PA 17105-2649

# PENNSYLVANIA STATE BOARD OF PODIATRY St-podiatry@pa.gov

<u>st-podiatry@pa.gov</u> (717) 783-4858

#### **COURIER ADDRESS:**

2601 North Third Street Harrisburg, PA 17110

## REQUEST FOR CERTIFICATION OF STATE EXAM SCORES

### INSTRUCTIONS

Verification of National Boards or PMLexis will need to be obtained from the respective testing center.

To obtain a certification of your <u>state exam scores</u>, you must complete this form and return it to the <u>mailing address</u> above along with a \$25 check/money order, payable to the "Commonwealth of PA." There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment. Due to a fire in June 1994, some exam scores cannot be verified. If your scores cannot be verified, the Board will provide a letter to this effect and will return your fee.

## LICENSEE INFORMATION

	Last:	First:	Middle:	Maiden:	
LICENSEE'S NAME:					
			Month	Day	Year
LICENSE #:		DATE OF BIRTH:			
SOCIAL SECURITY #:					
LIOENOFFIO					
LICENSEE'S ADDRESS:					
	City:	State:	Zip Co	de:	

## **MAILING INFORMATION**

PLEASE PROVIDE THE	E NAME AND ADDRESS WHERE THE COMPLETED CER	RTIFICATION SHOULD BE MAILED.
PLEASE NOTE: Effection our office.	ive May 19, 2008, Certification will only be sent to anoth	er licensing board directly from
LICENSING AUTHORITY NAME:		
STREET:		
CITY:	STATE:	ZIP CODE: