PODIATRIC MEDICAL BOARD OF CALIFORNIA

STATE OF CALIFORNIA dca DEPARTMENT OF CONSUMER AFFAIRS

MEMORANDUM OF UNDERSTANDING FOR "*CANDIDATE STATUS*" RESIDENCY PROGRAM PARTICIPATION

I, _____ have accepted a residency with _____. I am fully aware that the residency program has only "***candidate status***" with the Council on Podiatric Medical Education, and that there is no assurance the program will be formally approved, thereby meeting the postgraduate training requirements for licensure in California.

I am further aware that after completing a licensure application and meeting all the licensure requirements, I will be issued a resident's license by the Podiatric Medical Board of California for practice only in the above-designated residency program. Should the program at any time be notified that it will **not** be approved by the Council on Podiatric Medical Education, I will upon that date surrender my resident's license to the Podiatric Medical Board of California. I am entering this program with the full knowledge that if the program should **not** be approved by the Council on Podiatric Medical Education, or if that approval is **not** retroactive to the time period in which I was a program participant, no time spent in the postgraduate training program will be credited towards the California licensure requirement.

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above information.

_____
Name (Please print)

_____ _____
Signature Date

P5B