This section must be o			
	completed by each podiatric p	physician who will be supervising the ass	sistant.
Name of Physician Gro	oup:		
Supervising Physician	:Last/Surname	First	Middle
	Last/Surname	FIISI	Middle
Podiatric Physician Lic	cense Number:	Date of Birth: MM/DD/Y\	
Fire II Address at			111
Email Address*:			
Address Where Assista	ant is Employed:		
Street/P.O. Box		Apt. No. City	
State	ZIP	Business Telephone Number	-
APPLICANT SIGNATUR		o not want your email address released in reto our office. Instead contact the office by ph	g.
I, the undersigned, state	that I am the person referred	to in this application for licensure in the	state of Florida.
I state that these stateme	ents are true and correct and	re en amine that muchiding false informatio	
disciplinary action agains		recognize that providing raise information lities pursuant to s. 456.067, F.S.	n may result in
I hereby authorize all hos present), and all governn Department of Health, ar processing this application	et my license or criminal pena spitals, institutions or organiza nental agencies and instrume ny information, files and/or red	Ities pursuant to s. 456.067, F.S. ations, my references, personal physician nts (local, state, federal, or foreign) to records requested by the Department in coartment to release to the organization, in	ns, employers (past and lease to the nnection with
I hereby authorize all hos present), and all governn Department of Health, ar processing this application listed above, any informational I understand that Florida submitted if any when an	at my license or criminal penal spitals, institutions or organization and instrument in the formation, files and/or recon. I further authorize the deportion which is material to my allaw requires me, as an application concerning my eligibility	Ities pursuant to s. 456.067, F.S. ations, my references, personal physician nts (local, state, federal, or foreign) to records requested by the Department in coartment to release to the organization, in	ns, employers (past and lease to the nnection with dividuals, and groups lication after it has beer ght affect the Board of
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Applicant Name: _