

AFFIDAVIT OF UTAH RESIDENCY (OPTIONAL)

This section is only required for applicants who are requesting licensure prior to completing 24 months of progressive resident training.

If you have not completed 24 months of post graduate training, you must have completed 12 months in an approved CPOME program and be currently enrolled in a progressive resident training program in Utah. Please list the program you are participating in:

Name of Program: _____ Date Began: _____

I certify that I have successfully completed 12 months of resident training in a CPOME approved program after receiving a degree of doctor of podiatric medicine. I am successfully participating in the CPOME progressive residency program listed above, and have no disciplinary action. I agree to surrender my license to DOPL without any proceedings under Title 63G, Chapter 4, Administrative Procedures Act and DOPL will automatically revoke my license as a podiatric physician and surgeon if I fail to continue in good standing in the program identified.

Signature of Applicant: _____ Date: _____