



Board of Podiatric Medicine

335 Randolph Avenue, Suite 210 • St. Paul, MN 55102
Phone: (612) 548-2175 • podiatric.medicine@state.mn.us
<https://mn.gov/boards/podiatric-medicine/>

APPLICATION FOR TEMPORARY PERMIT EXTENSION

Your Temporary Permit will expire on June 30 of this year. To apply for an extension of your Temporary Permit, please complete this form and return it to this office by May 31st. The \$250.00 permit extension fee must be submitted with the application.

Make your check or money order payable to the **Minnesota Board of Podiatric Medicine**; fees are non-refundable.

Name (Last, First, Middle)	Phone No. Home: Cell: Pager:
Mailing Address	City, State, Zip
Name and Address of Clinical Residency	Supervising Doctor of Podiatric Medicine
Dates of Residency Extension	Expected Completion Date (Mo/Day/Year)
Is the program currently approved by the Council on Podiatric Medical Education? ____ Yes ____ No	Email address

Signature: _____

Date Signed: _____

For Office Use Only:

Permit Fee Rcv'd \$	Date Paid	Deposit #
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