



# Board of Podiatric Medicine

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 www.podiatricmedicine.state.mn.us

## 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 early June to allow processing by the end of the month. The \$250.00 fee for the permit extension is to accompany this request.

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	Name of Supervising Podiatrist
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 Rev'd \$	Date Paid	Deposit #
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