





Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**FLORIDA BOARD OF PODIATRIC MEDICINE  
CERTIFIED PODIATRIC X-RAY ASSISTANT**

**UPDATE SUPERVISOR FOR CERTIFIED PODIATRIC X-RAY ASSISTANT**

**INSTRUCTIONS:**

**The application must be completed in its entirety. All parts of the application should be legibly written or typed.**

If you would like a duplicate license providing the updated information, please return the application and fee of \$25 (certified check or money order) to:

Department of Health  
Board of Podiatric Medicine  
Post Office Box 6330  
Tallahassee, Florida 32314-6330

**NOTE:** Please make check payable to the Department of Health.

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**1. APPLICATION PROFILE DATA: Please print or type**  
(To be completed by licensee)

LICENSE #: \_\_\_\_\_

\_\_\_\_\_  
(Name) Last First Middle

\_\_\_\_\_  
(Address) Street Number Apt/Suite Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Telephone Number Business Telephone Number

\_\_\_\_\_  
Date of Birth

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**2. (THIS SECTION TO BE COMPLETED BY EACH PODIATRIC PHYSICIAN WHO WILL SUPERVISE ASSISTANT) PLEASE MAKE COPIES IF NECESSARY.**

- Individual Application
- Group Application

