## Shadowing Verification or Recommendation Waiver Request Form



DATE:
Full Name:
Please respond to the following questions and limit your response to the space provided.
1. Please explain why you are unable to shadow a DPM?
2. What alternate stans have you taken to learn about the nodictric modicine and surgery
2. What alternate steps have you taken to learn about the podiatric medicine and surgery profession?
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3. What is your understanding of podiatric medicine and surgery?