Shadowing Verification or Recommendation Waiver Request Form

Western University of Health Sciences
College of Podiatric Medicine

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 steps have you taken to learn about the podiatric medicine and surgery profession?

3. What is your understanding of podiatric medicine and surgery?