

Florida Podiatric Medical Association
410 North Gadsden Street
Tallahassee, Florida 32301
Phone # 850/224-4085; Fax # 850-681-0899

(Please Print Name and Contact Information)

Name: _____

Address: _____

Phone #: _____ Fax #: _____

E-Mail: _____

Laws and Rules Home Study:

_____ FPMA Member \$ 75.00

_____ APMA Member \$ 200.00

_____ Non Member \$ 400.00

APMA #: _____

Medical Errors Home Study:

_____ FPMA Member \$ 75.00

_____ APMA Member \$ 200.00

_____ Non Member \$ 400.00

APMA #: _____

Both Home Study Courses (Discounted)

_____ FPMA Member \$ 100.00

_____ APMA Member \$ 350.00

_____ Non Member \$ 750.00

APMA #: _____

PAYMENT METHOD:

Check # _____

Credit Card#: _____ Exp. Date: _____

Signature: _____

(YOU WILL HAVE 30 DAYS FROM THE DATE THE MATERIALS ARE SENT TO YOU BY FPMA IN WHICH TO COMPLETE THE EXAM AND RETURN IT TO THE FPMA. YOU CAN RETURN IT VIA FAX 850/681-0899)