
Florida Podiatric
Medical Association



**Podiatric X-ray Assistant
Home Study Recertification Course
Application**

REGISTRATION (PLEASE PRINT OR TYPE):

Assistant Name: _____

Physician/Employer: _____

Office Address: _____

Phone: () _____ - _____ Fax: () _____ - _____

Office E-mail: _____ Certificate PXA _____

Credit Card # _____ Expires _____ Cost per assistant: \$145.00
(Visa, MC, Amex only)

Please read carefully!

- Complete this application and then mail or fax back to the FPMA at the address listed below.
- Use a separate form for each applicant.
- This course may only be used for recertification of an individual who already holds a certificate from the Board of Podiatric Medicine (i.e., a license beginning with "PXA").
- This course may not apply towards certificates granted by the Bureau of Radiation Control.
- This course may be used twice for renewal for two bienniums (4 years), but for the third renewal, an X-ray assistant must physically attend the course and recertify on site.
- You will receive a copy of the exam as well as the X-ray manual and the Medical Errors manual needed to prepare for the exam. You will have fifteen (15) days from the date of mailing by the Association to complete the exam and mail it back to the FPMA.
- Upon passing the examination, you will be sent a letter of certification that can be utilized when you fill out your application for recertification by the Board of Podiatric Medicine.

Florida Podiatric Medical Association
Phone (800) 277-3338 / Fax (850) 681-0899
410 North Gadsden Street
Tallahassee FL 32301
www.fpma.com

For Office Use Only: _____

Date of Mailing _____