



Home Study Course Application

(Please Print Name and Contact Information)

Name: _____

Address: _____

Phone: (____) _____ FAX: (____) _____

Email: _____ Florida License #: PO _____

Credit Card #: _____ Exp. Date: _____ CC Security Code: _____
(VISA, MC, and AMEX only)

Laws and Rules Home Study Course:

_____ FPMA Member \$ 75.00
_____ APMA Member \$125.00 APMA #: _____
_____ Non-Member \$200.00

Medical Errors Home Study Course:

_____ FPMA Member \$ 75.00
_____ APMA Member \$125.00 APMA #: _____
_____ Non-Member \$200.00

Both Home Study Courses (Discounted)

_____ FPMA Member \$100.00
_____ APMA Member \$200.00 APMA #: _____
_____ Non-Member \$350.00

WHEN YOU COMPLETE THE EXAM, RETURN IT TO FPMA EITHER VIA MAIL OR FAX:

**Florida Podiatric Medical Association
410 North Gadsden Street
Tallahassee, Florida 32301
Phone: (850) 224-4085; FAX: (850) 681-0899**