

**Texas State Board of Podiatric Medical Examiners**  
**PODIATRIC PHYSICIAN DATABASE LIST – FIELD LAYOUT HEADERS**

Status:

Status Change:

License #:

Issue Date:

Expiration Date:

Certificate #:

Last Name:

First Name:

Middle Name:

Street:

Street2:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Podiatry School:

Year Graduated:

County:

Board Action: