

410 North Gadsden Street  
Tallahassee, Florida  
32301-1215

www.fpma.com



Phone: (850) 224-4085  
1-800-277-3338

FAX: (850) 681-0899

---

---

MEDICINE & SURGERY OF THE FOOT, ANKLE, AND LOWER EXTREMITY

---

---

**OFFICERS:**

**Andre M. Williams, DPM**  
President  
352 Milus Street  
Punta Gorda, Florida 33950  
awilliams@fpma.com

**Samir S. Vakil, DPM**  
President-Elect  
352 Milus Street  
Punta Gorda, Florida 33950  
svakil@fpma.com

**John P. Goggin, DPM**  
Vice President  
2209 S. 25th Street  
Fort Pierce, Florida 34953  
jgoggin@fpma.com

**Cary M. Zinkin, DPM**  
Treasurer  
P.O. Box 4997  
Deerfield Beach, Florida 33442  
czinkin@fpma.com

**Alissa B. Zdancewicz, DPM**  
Secretary  
1611 53rd Avenue, W.  
Bradenton, Florida 34207  
azdancewicz@fpma.com

**Andrew M. Belis, DPM**  
Immediate Past President  
12670 Creekside Lane, 3rd Floor  
Fort Myers, Florida 33919  
abelis@fpma.com

**STAFF:**

**Karen N. Lambert**  
Executive Director  
klambert@fpma.com

**Becky Reese**  
Public Affairs/Website Coordinator  
breese@fpma.com

**Kylie Nelson**  
Event/Convention Coordinator  
knelson@fpma.com

**SAM 2019 AFFIDAVIT – January 9 - 13, 2019**

**AFFIRMATION OF LICENSED PODIATRIC PHYSICIAN**

Florida Podiatric License Number: \_\_\_\_\_

Dispute (date, time): \_\_\_\_\_

Reason for Discrepancy: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, the undersigned, say the following, under penalty of perjury, affirms the following facts are true:

I am a resident of \_\_\_\_\_.

1. I am over the age of 18 years old.
2. I hereby state and affirm, by signature below, that I attended, in person, the following SAM 2019 Continuing Education course

\_\_\_\_\_

for which I should be awarded corresponding CECH.

3. I attended the CECH course on January \_\_\_\_\_, 2019, during the FPMA SAM 2019 Symposium.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES:

**This completed notarized form must be mailed to: FPMA  
410 North Gadsden Street  
Tallahassee, Florida 32301**