



**8** Since you last registered, has any state other than New York instituted charges against you for professional misconduct, unprofessional conduct, incompetency or negligence, or revoked, suspended, or accepted surrender of a professional license held by you?  Yes  No

**9** Since you last registered, have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?  Yes  No

**10** Since you last registered, are criminal charges pending against you in any court?  Yes  No

**11** Since you last registered, are charges pending against you in any jurisdiction for any sort of professional misconduct?  Yes  No

**12** Since you last registered, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetence, or negligence?  Yes  No

**NOTE:** If you answer "Yes" to any questions numbered 8-12, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

**13** ATTESTATION

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**In this space  
securely attach  
photograph taken  
within the past year.**

Write signature on light  
portion of photograph,  
not across features

Date of Photo \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mail this form and the required \$300 fee to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Certification and Verification Unit, 89 Washington Avenue, Albany, NY 12234-1000. **DO NOT SEND CASH. Make check or money order payable in U.S. funds to the New York State Education Department**