

SECTION II: OTHER JURISDICTION'S CERTIFICATION

INSTRUCTION TO LICENSING AUTHORITY: Please complete this section and return this form *directly* to the Office of the Professions at the address shown below. **This form will not be accepted if returned by the applicant or third party.**

- 1**
- a. Has the applicant named in Section I been subject to any disciplinary action? YES NO
 - b. Are any charges pending against this individual? YES NO

2 If the answer to either of these questions is "Yes," please attach relevant information.

License number _____ Date Issued ____ / ____ / ____ Expiration of most recent registration ____ / ____ / ____

I certify that the information shown above is true and correct, according to the records of this office.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____

Title: _____


Name of Jurisdiction: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

**(LICENSING
AUTHORITY
SEAL)**

**Return this form directly
to: **

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Medicine Licensing Unit, 89 Washington Avenue, Albany, NY 12234-1000.