

SECTION II : VERIFICATION OF NURSE PRACTITIONER PROGRAM

INSTRUCTIONS TO SCHOOL/ INSTITUTION REGISTRAR:

Please complete this section. Attach an official transcript to this form, sign and date the certification and return this form directly to the Office of the Professions at the address at the end of this form. It will not be accepted if incomplete or if submitted by the applicant.

NOTE: If applicant has completed more than one program, a Form 2 must be submitted for each program.

a) It is hereby verified that: _____
(Applicant's name – see Section I, item 5)

has completed a program qualifying for certified nurse practitioner and the academic credential listed below has been awarded. The official program title completed by the applicant is as follows:

Official program title: _____

b) The program contained: _____ hours of classroom instruction and _____ hours of preceptorship with a nurse practitioner or physician.

c) Academic credential awarded: _____ Date: _____ / _____ / _____
mo. day yr.

d) The individual named has completed a pharmacotherapeutics component of not less than three semester hours or the equivalent, including instruction in drug management of clients in the nurse practitioner's concentration/specialty area.

YES NO

e) The individual named has completed a pharmacotherapeutics component, including instruction in New York State and Federal laws related to prescriptions and record keeping.

YES NO

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is an accurate educational record of the individual named on this form.

Signature of Registrar or designee: _____ Date: _____ / _____ / _____
mo. day yr.

Type or print name: _____

Title or official position: _____

Institution: _____

**(SCHOOL/INSTITUTION
SEAL)**

Address: _____

Telephone number _____ Fax number: _____

E-mail address: _____

**RETURN DIRECTLY
TO:** 

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