

8

CITIZENSHIP/IMMIGRATION STATUS:

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, HR 3437, limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I AM: (Check one box)

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year
- F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.)
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____

If you checked any of the boxes from B – H, enter your alien registration number or control number issued by the Immigration and Naturalization Service: _____

INS number

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES USCIS (NCSC) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

9

STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- (a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? Yes No
- (b) If you have such a loan(s), is any part in default? Yes No

*New York State Education Law, section 6501-a

10

CHILD SUPPORT OBLIGATION:

Everyone applying for or renewing a professional license, permit, or registration must file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

- A I am not under an obligation to pay child support;
- OR
- B I am under an obligation to pay child support *and* (please check only one of the following)
 - I am current and **am not** four months or more in arrears in the payment of child support; or,
 - I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
 - The child support obligation is the subject of a pending court proceeding; or,
 - I am receiving public assistance or supplemental security income; or,
 - None of the above four statements apply.

*New York State General Obligations Law, section 3-503

11 PHOTOGRAPH REQUIREMENT:

DO NOT STAPLE

**ATTACH SECURELY IN
THIS SPACE A 2" X 2"
PASSPORT STYLE
PHOTOGRAPH TAKEN
WITHIN THE PAST YEAR**

Date of photo: _____

12 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: _____

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

SECTION II: CERTIFICATION OF EDUCATION PROGRAM

(To be completed **only** for applicants enrolled in or graduated from an ACPE or CCAPP (since 1993) accredited pharmacy program.) **Graduates of non-accredited programs do not need to complete Section II.**

INSTRUCTIONS TO REGISTRAR: Complete the enrollment statement below. Be sure to sign and date the certification and forward this form directly to the Office of the Professions at the address at the end of the form.

ENROLLMENT STATEMENT OF COLLEGE OR SCHOOL OF PHARMACY

(To be certified by the college for students who have **COMPLETED** at least the first professional year of study.)

I hereby certify that _____

is/was a student at _____
(Name of school)

and is/was a member in good standing of the Class of _____ .

Date entered program: ____ / ____ / ____
mo. day yr.

Date graduated from program: ____ / ____ / ____
mo. day yr.

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature _____ Date ____ / ____ / ____
mo. day yr.

Print or type name _____

Title or official position _____

Institution _____

Location _____

(COLLEGE SEAL)

Telephone _____

Fax _____

E-mail _____

Mail this form and appropriate fee to:
→

New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. **Do Not Send Cash.** Please make check or money order payable to the New York State Education Department