



**SECTION II: CERTIFICATION OF PROFESSIONAL EDUCATION**

**INSTRUCTION TO REGISTRAR:** Please complete this section, sign certifying statement, attach any required information and send directly to the Office of the Professions at the address at the end of the form. **This form will not be accepted if returned by the applicant or any other party.**

**1** Applicant Name: \_\_\_\_\_

**For Applicants from N.Y.S. Registered or LCME/AOA Accredited Medical Schools:**

Applicant met LCME/AOA requirements for admission to medical/osteopathic school?  YES  NO

If No, number of preprofessional postsecondary credit hours completed by applicant prior to admission to medical school \_\_\_\_\_ semester hours or \_\_\_\_\_ quarter hours

**2** Did the applicant receive advanced standing based on prior academic work?  YES  NO

If yes, indicate when the prior work was completed below and submit **an official transcript of studies at your institution**, and copies of documentation in your file to support the granting of transfer credit.

Name of Institution: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

**3** Applicant's Entrance date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo. day yr. Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo. day yr.

**4** Degree/diploma conferred: \_\_\_\_\_

Date of conferral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo. day yr.

**I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the individual named on this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ mo. day yr.

Type or print name: \_\_\_\_\_

Title: \_\_\_\_\_

Medical school: \_\_\_\_\_

Address: \_\_\_\_\_

**(SEAL)**

Telephone: \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address: \_\_\_\_\_

**CERTIFICATION IS NOT ACCEPTABLE UNLESS DATED AFTER GRADUATION.**

**Return this form Directly to:** →

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