

VERIFICATION OF PROFESSIONAL EXPERIENCE

SECTION II: TO BE COMPLETED BY ENDORSER. (Please type or print)

INSTRUCTIONS TO ENDORSER:

1. Read carefully the applicant's Report of Experience in Section I and complete Section II. Be sure to sign and date the attestation.
2. Return this form directly to the Office of the Professions at the mailing address at the end of this form. **Do not return original to applicant. This form will not be accepted if returned by the applicant.**

Applicant's name: _____

1. I have been personally acquainted with the applicant named above for _____ years.
2. I have first-hand knowledge that the applicant has completed _____ years and _____ months of satisfactory professional experience as a medical physicist in the _____ specialty area, and that I am qualified to attest to the applicant's experience.

WITH RESPECT TO THE APPLICANT'S REPORT OF EXPERIENCE:

3. Does the description in Section I accurately reflect the work personally performed by the applicant? YES NO
4. Does the time claimed by the applicant for this experience reasonably reflect actual time? YES NO
5. Briefly identify your work relationship to the applicant at the time (i.e. direct supervisor, department head, colleague or client etc.)
If none, explain.

ATTESTATION

I declare and affirm that I have read the "Instructions for Completing Verification of Professional Experience" form and that the statements herein are true, complete and correct, and that, to the best of my knowledge, the experience reflected here is professional medical physics.

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

Print name: _____

Profession: _____ License number: _____

State: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.

A separate letter is enclosed. Yes No

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Medical Physicist Unit, 89 Washington Avenue, Albany, NY 12234-1000.