Midwife Form 2

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services 89 Washington Avenue Albany, NY 12234-1000

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. 2.	Send this fo Certification	rm to	the	instit	tutic	on(s)) you	u att	end	ed f	or co	omp	letio	n of	Sec	tion	II. B	e sı	ire to	inc	lude	any					_							epar	ate			
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SECTION II: CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO REGISTRAR: Please complete Section II, sign and date the certification and return this form **directly** to the Office of the Professions at the address below. This form will <u>not</u> be accepted if incomplete or if returned by the applicant or any other party. Please attach official transcripts, marksheets or other record giving courses completed by year and grades. **The transcripts must have the original signature of the dean, principal, rector, registrar or designated official and original seal of the institution.**

1.	Name of applicant:	(See iten	n 5 on page 1)		
	Institution	(555.1151)	, compage vy		
	(a) Name:				
	(b) Address:	(City)	(State)	(Zip Code)	(Country)
	Name of program:		L	ength of program:	
ı	Years of education and credential required for admi	ission:			
	Date of admission: / / / / /	Date of comple	etion	/ / yr.	
	Date certificate or degree awarded or conferred:	mo. / /	yr.		
	Title of credential awarded:				
	The individual named has completed a pharmacolo instruction in drug management of midwifery clients		han three sem	nester hours or the equ	uivalent; including
	The individual named has completed a pharmacolo prescriptions and record keeping.	gy component, includi	ng instruction	in New York State and	d federal laws related
	·		ng instruction	in New York State and	d federal laws related
	prescriptions and record keeping.	☐ Yes ☐ No	graduation.		
	prescriptions and record keeping. CERTIFICATION Note: Certification is not acceptable unless dated I certify that to the best of my knowledge and belief	☐ Yes ☐ No and submitted after the information in Se	graduation.	ue statement of the re	ecord of the individua
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