

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 not 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 item 5 on page 1)
2. Institution
 - (a) Name: _____
 - (b) Address: _____
(Street) (City) (State) (Zip Code) (Country)
3. Name of program: _____ Length of program: _____
4. Years of education and credential required for admission: _____
5. Date of admission: _____ / _____ / _____ Date of completion _____ / _____ / _____
mo. day yr. mo. day yr.
6. Date certificate or degree awarded or conferred: _____ / _____ / _____
mo. day yr.
7. Title of credential awarded: _____
8. The individual named has completed a pharmacology course of not less than three semester hours or the equivalent; including instruction in drug management of midwifery clients. Yes No
9. The individual named has completed a pharmacology component, including instruction in New York State and federal laws related to prescriptions and record keeping. Yes No

CERTIFICATION

Note: Certification is not acceptable unless dated and submitted after graduation.

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

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

Type or print name: _____

Institution name: _____

Address: _____

(INSTITUTION SEAL)

Telephone: _____ Fax: _____ E-mail address: _____

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