

SECTION II: CERTIFICATION OF PHARMACOLOGY COURSE

INSTRUCTIONS TO THE REGISTRAR: Please complete this section, sign and date the certification, and return this form in an official envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if incomplete or returned by the applicant or any other party.

I hereby certify that: _____
(Applicant's name. See item 5 on page 1)

has completed a pharmacology course including instruction in drug management of midwifery clients at _____

(Name and location of institution)

This course was part of midwifery program, or supplementary course.

Course title and number _____.

The inclusive date(s) of the course were: _____.

The length of the course was: _____ or _____
(Semester hours) (Clock hours)

CERTIFICATION

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement.

Signature of Registrar or designee _____ Date / /
mo. day yr.

Print name _____

Institution _____

Address _____

(INSTITUTION SEAL)

Telephone _____

Fax _____

E-mail _____

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.