



**SECTION II: CERTIFICATION OF PHARMACOLOGY COMPONENT**

**INSTRUCTIONS TO EDUCATIONAL INSTITUTION/ORGANIZATION:** Please complete this section, sign and date the certification and return this form directly to the Office of the Professions in an official envelope 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 component of \_\_\_\_\_ or \_\_\_\_\_ hours, including instruction in New York State and Federal laws related to prescriptions and record keeping.  
*(Semester hours) (Clock hours)*

Date completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
*mo. day yr.*

**CERTIFICATION**

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

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

Print name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution/organization \_\_\_\_\_

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.