



**Section II - Verification of Nurse Practitioner Program**

**Instructions to Registrar:** Please complete Section II and return both pages of this form **along with an official school transcript**, directly to the New York State Education Department at the address at the end of this form. **This form will not be accepted if returned by the applicant or any other party.**

**Note:** If the applicant has completed more than one program, a Form 2 must be submitted for each program.

- a. It is hereby verified that \_\_\_\_\_  
*(see Section I, item 6)*  
has completed a program qualifying for certified nurse practitioner and the degree/diploma listed below has been awarded. The official program title completed by the applicant is as follows:  
Official program title \_\_\_\_\_
- b. The program contained \_\_\_\_\_ hours of classroom instruction and \_\_\_\_\_ hours of preceptorship with a nurse practitioner or physician
- c. Program completion date \_\_\_\_\_  
mo. day yr.
- d. Degree/diploma awarded \_\_\_\_\_ date \_\_\_\_\_  
mo. day yr.
- e. The individual named has completed a pharmacotherapeutics component of not less than three semester hours or the equivalent, including instruction in drug management of clients in the nurse practitioner's concentration/specialty area.  
 Yes  No
- f. The individual named has completed a pharmacotherapeutics component, including instruction in New York State and Federal laws related to prescriptions and record keeping.  
 Yes  No

**Certification**

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

Signature of Registrar \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Institution \_\_\_\_\_

Address \_\_\_\_\_

Institution Seal

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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