

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: _____
(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: _____ / _____ / _____
mo. day yr.

Title or official position: _____

Institution: _____

Address: _____

(SEAL)

Telephone: _____ Fax: _____

E-mail Address: _____

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.