Nurse Practitioner Form 2B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only
Approved
Date

Verification of Instruction in New York State and Federal Laws Related to Prescriptions and Record Keeping

(Use this form ONLY if you have completed a program other than program registered by the New York State Education Department as qualifying for a certificate.)

Applicant Instructions

1. Complete Section I. In item 4, enter your name exactly as it appears on your Application for a Certificate (Form 1). Be sure to sign and date item 8.
2. Send the entire form to the school/institution/professional association where you completed instruction in New York State and federal laws relating to prescriptions and record keeping. Ask them to complete Section II and forward both pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required. **This form will not be accepted if submitted by the applicant or any party other than the school official.**

Section I: Applicant Information

1 **Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month Day Year

3 **New York State Registered Professional Nurse License Number**

4 **Print Name as It Appears on Your Application for a Certificate (Form 1)**

Last
First
Middle

5 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

6 Print name under which course was completed (if different from above).

Name: _____

7 Name of school/institution/professional association where course was completed: _____

Address: _____

8 I request and give my permission to the school/institution/professional association listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for a certificate.

_____ _____ / _____ / _____
Applicant's Signature mo. day yr.

Section II: Verification of Completion of Prescription Course

Instructions to School/Institution/Professional Association: Please complete Section II and return both pages of this form 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.**

1. It is hereby verified that: _____
   (Section I, item 6)
   completed instruction in New York State and federal laws related to prescriptions and record keeping.

2. This course was: ☐ part of nurse practitioner program, or
   ☐ supplementary course.

3. Date(s) of the course: _____ / _____ / _____ and _____ / _____ / _____
   mo. day yr. mo. day yr.

4. The length of the course was: _____ or _____.
   (semester hours) (clock hours)

Attestation

I hereby attest that to the best of my knowledge and belief the information in Section II is an accurate record of the completion of a course in prescription and record keeping laws of the individual named on this form.

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

Print Name: _____

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.**