

Section II: Verification of Completion of Pharmacotherapeutics 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)

has completed pharmacotherapeutics instruction in drug management of clients in the nurse practitioner's specialty area of _____.

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

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

mo. day yr. mo. day yr.

4. The length of the course was: _____ or _____.

(Semester hours) (Clock hours)

5. In this course, did the individual named receive instruction in New York State and Federal laws relating to prescriptions and record keeping?
 Yes No

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 pharmacotherapeutics by 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.