



**Criteria 3**

I have attached a copy of Certificate verifying Board certification

Yes  No

Please provide the following information:

Date of initial certification \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

Certification ID number \_\_\_\_\_

Name of the board certification body \_\_\_\_\_

Address of the board certification body \_\_\_\_\_  
\_\_\_\_\_

**Criteria 4**

I have attached a copy of Certificate of Completion for an Accredited Residency Program

Yes  No

Please provide the following Information:

Name of address of institution where residency was conducted \_\_\_\_\_

Date(s) of program \_\_\_\_\_

Residency Program Director:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Affidavit With Acknowledgment (Notarization required.)**

**Applicant:** I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant \_\_\_\_\_

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

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence

*Applicant Name* to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Notary Stamp**

**Mail this form to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234-1000.**