

SECTION II: CERTIFICATION OF EDUCATION

INSTRUCTION TO REGISTRAR: Please Complete: (1) Part A
(2) Either Part B or Part C as appropriate; and
(3) Part D

Be sure to sign and date the certification. Please return this form directly to the Office of the Professions at the address at the end of this form. DO NOT return this form to the applicant.

PART A – PREPROFESSIONAL STUDY

It is certified that the applicant satisfactorily completed an approved four-year high school course of study and at least sixty semester hours of satisfactory college level preprofessional study, including courses in chemistry, organic chemistry, biology or zoology, and physics, prior to matriculation in this professional school.

Yes No

PART B – NEW YORK STATE REGISTERED/COUNCIL ON PODIATRIC MEDICAL EDUCATION (CPME) ACCREDITED PROGRAMS

To be completed only by those schools whose podiatry program is, or was at the time the degree was awarded:

- registered by the New York State Education Department as licensure qualifying, or
- if outside New York State, accredited by the CPME.

It is certified that: _____
(Name of applicant)

has received the degree of _____ on ____/____/____
(Title of degree) mo day yr

PART C – PROGRAMS NOT REGISTERED/ACCREDITED

To be completed by those schools whose podiatry program at the time the degree was awarded:

- was not registered by the New York State Education Department as licensure qualifying, or
- if outside New York State, was not accredited by the CPME.

It is certified that: _____
(Name of applicant)

was awarded the degree of _____ on ____/____/____
(Title of degree) mo day yr

NOTE: An official transcript (with dates of attendance and courses completed), and a syllabus of the course of study (if not previously submitted), must be attached.

PART D – CERTIFICATION

To be completed by the registrar of ALL schools. This form will not be accepted if the date below precedes the date when the degree was conferred.

I hereby certify that to the best of my knowledge and belief the foregoing is a true and accurate statement of the educational record of the Applicant named in Section I.

Signature _____ Date ____/____/____
mo day yr

Print or type name _____

Title or official position _____

Institution _____

(SEAL)

Location _____

Telephone number _____ Fax _____

E-mail _____

RETURN DIRECTLY TO:

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Podiatry Unit, 89 Washington Avenue, Albany, NY 12234-1000