

SECTION II : CERTIFICATION OF LICENSURE

INSTRUCTIONS TO LICENSING AUTHORITY: Please complete this section and return this form **directly** to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant. Attach additional sheets if necessary.

- 1. Name of applicant: _____
- 2. Profession in which applicant is licensed in your state: _____
- 3. License number: _____ Date of licensure: _____ / _____ / _____
mo. day yr.
- 4. Jurisdiction issuing original license or certification: _____
- 5. Is the individual currently licensed or registered? Yes No If Yes, Date of expiration: _____ / _____ / _____
mo. day yr.
- 6. Please indicate if the license was issued under any of the following special conditions (check all that apply):
 - Endorsement of licensure in another jurisdiction (please identify: _____)
 - Waiver of examination
 - Waiver of education
 - Other (please attach explanation)
- 7. If the license was issued based on a written examination, please indicate the examination title, date and score (eg. PM/LEXIS; Written State Examination, Other – please describe.):
Examination title _____ Date _____ / _____ / _____ Score _____
mo. day yr.
Examination title _____ Date _____ / _____ / _____ Score _____
mo. day yr.
- 8. Did the issuance of this license involve any practice limitations? Yes No
- 9. Was there ever any disciplinary action against this license? Yes No
(If the answer to this question is yes, please describe in detail and attach.)
- 10. Are there any disciplinary charges pending against this license or has he/she surrendered a license to avoid disciplinary charges? Yes No

CERTIFICATION

I certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the licensing status and examination results of the applicant named on this form. I further certify that, other than those listed above or attached, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

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

Title _____

Agency _____

Address _____

Telephone number _____ Fax _____

E-mail _____

(LICENSING AUTHORITY SEAL)

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