

SECTION II: CERTIFICATION OF POSTGRADUATE TRAINING

INSTRUCTION TO HOSPITAL OFFICIAL: Please complete this section, sign the certifying statement, and return the form directly to the Office of the Professions at the address shown below. **This form will not be accepted if returned by the applicant.**

This is to certify that _____,
(Applicant's name see item 3, Section I)

a graduate of _____
(Podiatric Medical School)

was enrolled in a postgraduate training program(s) approved by the Council on Podiatric Medical Education at _____
(Name and Location of Hospital)

Level of Training (example PGY-1)	Clinical Area	Inclusive Dates <i>(month, day, year)</i>	Successfully Completed
		____ / ____ / ____ to ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		____ / ____ / ____ to ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		____ / ____ / ____ to ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		____ / ____ / ____ to ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		____ / ____ / ____ to ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I am the director of podiatric medical education or department chair of the clinical area. I was the program director for the licensure applicant named above during the postgraduate training indicated and have carefully read and completed this form and hereby attest that the statements made herein are strictly true in every respect and are supported by hospital records.

If this licensure applicant did not successfully complete the postgraduate training program, please attach a letter of explanation with this form.

Signature of Podiatric Director/Chair: _____ Date ____ / ____ / ____

Print or type name of Director/Chair: _____

Title or official position: _____

Institution: _____

Address: _____

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