



**Section II: Certification of Completion of an Accredited Residency Program in Podiatric Medicine and Surgery**

**Instruction to Program Director:** Please complete this section, including the dates of attendance, sign the attestation, and return the form **directly** to the New York State Education Department at the address at the end of the form. **This form will not be accepted if returned by the applicant.**

This is to certify that \_\_\_\_\_  
*(Applicant's name, Section I, item 3)*

graduated (check one):  on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery; or  
 before June 1, 2006, from a two-year residency program in podiatric medicine and surgery.

from: \_\_\_\_\_  
*(Name and Location of Hospital)*

Dates of attendance:  
From: \_\_\_\_\_ to: \_\_\_\_\_

Program designation: \_\_\_\_\_

The residency program was accredited by the Council on Podiatric Medical Education.

**Attestation**

I am the Program Director for the applicant named above during the residency program 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.

Signature of Program Director/Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

Print or type name of Program Director/Department Chair \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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**