

Section II: Certification of Training and Experience

Instructions to Individual Certifying Training and Experience: Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. **Your signature on this form must be notarized by a Notary Public. This form will not be accepted if returned by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license.**

A. Qualifications:

I am a licensed _____ in _____
Professional Title State

License number (Attach a copy of your license if other than New York.) _____ Date licensed _____
(If physician, attach orthopedic surgery board certification)

B. Procedures Performed by Applicant: The applicant has completed the following procedures to an acceptable standard of care. If the procedure applies to more than one category, list the procedure in each category to which the procedure applies.
(Attach additional sheets if necessary)

Surgical Procedure Performed (List operative diagnosis)	Number of Procedures	Date(s) and Facilities where Surgery Performed	Medical Record Number(s)
Osseous			
Soft Tissue			
Ankle Fracture Fixation			
Ankle Fusion			
Ankle Arthroscopy			

Affidavit with Acknowledgement (Notarization required.)

Individual certifying training and experience.

I declare and affirm that the statements made in Section II of the foregoing application are true, complete and correct.

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

Print Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

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 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

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