

**CERTIFICATION OF PROFESSIONAL EDUCATION**

**APPLICANT INSTRUCTIONS**

1. Complete Section 1. Enter your name as it appears on your New York State Licensure Application (Form 1). Be sure to sign and date item 9.
2. Send this form to the professional school you attended to complete Section II. Be sure to include any fee required by the school. Notify the school that a transcript must accompany this form if the school is not registered by the Department or accredited by the AVMA. (See page 7 of this application packet for additional information.)
3. If you attended a veterinary school that has been closed, send this form to the official repository of the records for that school.
4. This form must be signed by the registrar, dean, rector, or principal of the school and sent back directly to the Office of the Professions at the address on the bottom of page 3 of this form by that individual or other designated school official in an official school envelope. Forms returned by the applicant or other parties will not be accepted.

**SECTION I: APPLICANT INFORMATION**

<p><b>1</b> SOCIAL SECURITY NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>(Leave this blank if you do not have a U.S. Social Security Number)</small></p>	<p><b>2</b> BIRTH DATE <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>Month Day Year</small></p>
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**3** PRINT YOUR FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)

Last

First

Middle

**4** MAILING ADDRESS (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State  Zip Code

Country/Province

<p><b>5</b> TELEPHONE/E-MAIL ADDRESS</p> <p style="margin-left: 100px;">Daytime Phone</p> <p style="margin-left: 100px;"><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <small>Area Code Phone Number</small></p>	<p>E-Mail Address (Please print clearly)</p> <p><input style="width: 250px; height: 40px; border: 1px solid black;" type="text"/></p>
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**6** Print name under which your degree or diploma was awarded (if different from above): \_\_\_\_\_

**7** Professional school attended: \_\_\_\_\_

Address: \_\_\_\_\_

**8** Name of degree/diploma: \_\_\_\_\_ Date awarded: \_\_\_\_\_

**9** I request and give my permission to the school listed in item 7 above to complete the information on this form and send any documentation requested by the NYS Education Department including that listed on pages 2 and 3 of this form (e.g., an official transcript) to the New York State Education Department's Office of the Professions.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr

**SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION**

**INSTRUCTIONS TO SCHOOL REGISTRAR:** Please complete Items 1, 2 and 3, and either 4 or 5, sign the certifying statement (item 6 on page 3), attach an official transcript if applicable, and send directly to the Division of Professional Licensing Services at the address at the bottom of the next page. **This form will not be accepted if returned by the applicant or any other party.**

1 Applicant's name:

2 Applicant's entrance date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Completion/withdrawal date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

3 Degree/diploma conferred: \_\_\_\_\_ Date of conferral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

4 ***For Applicants from AVMA Accredited Veterinary Programs:***

**Professional Education:**

The applicant was admitted to \_\_\_\_\_  
(Print name of veterinary medicine school)

and has satisfactorily completed the veterinary program accredited by the American Veterinary Medical Association.

Yes  No

**5 For All Other Applicants (not from AVMA accredited veterinary schools):**

1) How many years of education required for admission into your veterinary school? \_\_\_\_\_

2) What pre-professional credential/degree was submitted by the applicant for admission into your veterinary school?  
\_\_\_\_\_

3) Did the applicant receive advanced standing based on prior academic work?  Yes  No

If Yes, indicate when the prior work was completed below.

4) Name of Institution: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

5) Submit with this form copies of documentation in your file to support the granting of transfer credit (or convalidated courses).

6) Was a pre-graduation practicum or internship required?  Yes  No

7) Were there any clinical rotations completed outside of the country where your school is located?  Yes  No

8) If yes to either question #6 or #7 or both:

From \_\_\_\_\_ to \_\_\_\_\_ the applicant completed \_\_\_\_\_ clinical hours or \_\_\_\_\_ full time  
(Beginning date) (Ending date) (number) (number)

clinical weeks in \_\_\_\_\_ at \_\_\_\_\_  
(Area of study) (Name of institution)

located at \_\_\_\_\_  
(Address of institution including country if different than school)

**Submit with this form:**

An official transcript (course record, index, or marksheets) showing courses taken at your institution and accepted from other institutions for transfer of credit or convalidation. **The transcript must bear the original signature of the dean, principal, rector, registrar, or designated official and original seal of the school.**

Please include a description of the structure and contents of the clinical portion of the veterinary program.

**6 CERTIFICATION**

**I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the individual named on this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Type or print name: \_\_\_\_\_

Title: \_\_\_\_\_

**(SEAL of INSTITUTION)**

Veterinary school: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Return this directly to:**  
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New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Veterinary Medicine Unit, 89 Washington Avenue, Albany, NY 12234-1000.