





**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:**  
➔

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