### FORM 2

**VETERINARIAN**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000

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**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.

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**SECTION I: APPLICANT INFORMATION**

1. **SOCIAL SECURITY NUMBER**
   - Leave this blank if you do not have a U.S. Social Security Number.

2. **BIRTH DATE**
   - Month   Day   Year

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

5. **TELEPHONE/E-MAIL ADDRESS**
   - Daytime Phone
   - Area Code Phone Number
   - E-Mail Address (Please print clearly)

6. **Print name under which your degree or diploma was awarded (if different from above):**

7. **Professional school attended:**

8. **Name of degree/diploma:**

9. **Date awarded:**

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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.

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**FOR OFFICE USE ONLY**

- TENTATIVE
- FINAL

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**Name of degree/diploma:**

**Date awarded:**

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**Applicant's signature:**

**Date:** __________ / ________ / ________
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
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.

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: ____________ / ____________ / ____________

Type or print name: ___________________________

Title: ___________________________

Veterinary school: ___________________________

Address: ___________________________

Telephone: ___________________________ Fax: ___________________________

E-mail address: ___________________________

(SEAL of INSTITUTION)