

SECTION II: CERTIFICATION OF CLINICAL TRAINING

INSTRUCTIONS TO VETERINARY HOSPITAL/CLINIC: Please complete items 1, 2, and 3, sign the certifying statement (item 4) and send directly to the Office of the Professions at the address at the bottom of this page. The form will not be accepted if returned by the applicant or any other party.

1. This is to certify that _____, as a student of
(student's name)
_____, participated in a clinical training program offered
(veterinary school)
by _____ from _____ through _____ in the
(hospital/clinic name) *(date)* *(date)*
clinical area of _____ and that the above named student
(clinical area)
successfully completed this clinical experience of _____ weeks on _____
(date)

2. This hospital/clinic (check all that apply):
 is formally affiliated with the student's veterinary school
 is formally affiliated with an AVMA approved veterinary school
 other (explain)

3. I served as (check one):
 director of training program
 individual instructor or supervisor for above named student
 other (please state your current capacity) _____

This training conforms to provisions of statute and regulations in _____ at the time training was completed.
(State)
(Attach more information if needed to explain clinical training)

4. I certify that the information provided is true and correct according to our records.
Signature: _____ Date: _____
Name and title: _____
(type or print)

Address: _____

Telephone: _____
Fax: _____ E-mail: _____

(SEAL of INSTITUTION)

RETURN DIRECTLY TO:



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