



**10** Complete this item if you are applying for the advanced ankle surgery privilege (check one):

- I graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.
- I have acceptable training and experience in advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.
  
- I graduated before June 1, 2006 from a two-year residency program in podiatric medicine and surgery that was accredited by an accrediting agency acceptable to the Department.
- I am certified in reconstructive rearfoot and ankle surgery by a national certifying board having certification standards acceptable to the Department. I have arranged to have proof of my board certification submitted to the Department.
- I have acceptable training and experience in advanced midfoot, rearfoot and ankle procedures, as documented on Form 4PODPRB which I have arranged to have submitted to the Department.

**11 Attestation**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial of the application and may result in criminal prosecution and/or the filing of charges of professional misconduct.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ mo. / \_\_\_\_\_ day / \_\_\_\_\_ yr.

**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**

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**