

7 List the individual(s) who will certify your training and experience for the ankle surgery privilege. Attach additional sheets if necessary.

Assigned Number	Name and address of Individual Certifying Training and Experience	Procedures Supervised
1		Type of procedure:
		Number of procedures:
2		Type of procedure:
		Number of procedures:
3		Type of procedure:
		Number of procedures:
4		Type of procedure:
		Number of procedures:
5		Type of procedure:
		Number of procedures:

8 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: _____ Date: _____ / _____ / _____
mo. day yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Podiatry Unit, 89 Washington Avenue, Albany, NY 12234-1000