

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 in an official school envelope. Forms returned by the applicant or other parties will not be accepted.

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: _____
Address: _____

8 Name of degree/diploma: _____ Date awarded: _____

9 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.

Applicant's signature: _____ Date: ____/____/____
mo. day yr

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, or registrar 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.