

NYSPMA Podiatric Radiography Course for Unlicensed Individuals

Friday, September 16, 2016 9:00AM - 5:00PM Buffalo Niagara Marriott, Amherst, NY

REQUIREMENTS:

- 1. Applicants must be at least 18 years old
- 2. Applicants must have a high school diploma or equivalent Attach copy of diploma or GED
- 3. Applicants must be of good moral character Supply letter from doctor attesting to character

5. Applicants must be of good moral charac	iter – Supply letter	iroin doctor attesti	ing to character			
PERSONAL INFORMATION:						
Name:						
c/o Doctor/Employer:						
Office Address	City	State	Zip			
Telephone: Fax:						
Email (REQUIRED):						
PAYMENT INFORMATION:						
☐ \$295 Per Registrant (NYSPMA Member's Staff)	int (NYSPMA Member's Staff)					
Registrations will not be processed without payn	nent.					
To pay by check: Mail check payable to NYSPMA to 555 Eighth Avenue, Suite 1902, New York, NY 10018 To pay by credit card: Email form to ibellous@nyspma.org or fax to 646-672-9344						
☐ Check Enclosed Amount \$	<u> </u>					
☐ MasterCard ☐ Visa Amount \$						
Card Holder Name						
Card #	Exp. Date					
Signature	Security Code					
CANCELLATION POLICY.						
Registrations cancelled by Friday, September 9, 2016 cancellation requests must be emailed to jbellous@r2016 .			<u> </u>			
CONFIRMATION:						
Confirmation and study guide will be emailed to registrant upon receipt and acceptance of all application materials.						
DEADLINE TO ADDIV						

QUESTIONS?Email Jaymie Bellous at jbellous@nyspma.org.

All applications must be received by Friday, September 9, 2016.

New York State Podiatric Medical Association 555 Eighth Avenue, Suite 1902 New York, NY 10018

PODIATRIC RADIOGRAPHY COURSE FOR UNLICENSED INDIVIDUALS

BIRTH DATE:

month

day

year

APPLICANTS MUST COMPLETE ALL PAGES OF THIS APPLICATION

PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR	ON YOUR CERTIFICA	ATE:				
Last:						
First:						
Middle:						
MAILING ADDRESS:						
Apt./Bldg						
Address:						
City:			te: 2	Zip Code:		
TELEPHONE/FAX and EMAIL:						
Home: () Work: ()	-					
Fax: () Email: IMPORTANT: You must notify the State Education Dep	partment promptly of a	any address or n	ame changes.			
Do you now hold, or have you ever held, a license or certi (If so, list below and attach other pages as needed.)	ficate to practice in any	profession in any	jurisdiction?	☐ YES	□ NO	
Profession		License Number		Jurisdiction		
Profession		License Number		Jurisdiction		
Profession	Profession License Number				Jurisdiction	
Have you ever been found guilty after trial, or pleaded guil misdemeanor) in any court?	lty, no contest, or nolo c	contendere to a cri	me (felony or	☐ YES	□ NO	
Are criminal charges pending against you in any court?					□ NO	
Are charges pending against you in any jurisdiction for any sort of professional misconduct?					□ NO	
NOTE: If you answer "Yes" to any of the above three ques if you possess one, a copy of the "Certificate of Relief from				e copies of any co	ourt records, and	
EDUCATION						
In the spaces below, give an accurate record of your posts (Attach additional sheets if necessary.)	secondary educational p	preparation. List a	II colleges atten	ded and degrees।	received.	
SCHOOLS ATTENDED AND LOCATIONS	NUMBER OF	ATTENDANCE		DIPLOMA OR DEGREE OBTAINED		
	YEARS ATTENDED	Entrance Date	Leaving Date			

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REASONABLE TESTING ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES I have been diagnosed as having a disability and require reasonable testing accommodations. Please check one: Please send the Request for Reasonable Testing Accommodations form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations. I have already received a Request for Reasonable Testing Accommodations form from the Office of the Professions. I have already sent in my Request for Reasonable Accommodations Form and required supporting documentation to the Office of the Professions. **CITIZENSHIP/IMMIGRATION STATUS:** Federal law limits the issuance of this certificate to United States citizens or qualified aliens. To comply with this Federal Law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status. I am: (Check one box) A United States citizen or National. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. ☐ An alien lawfully admitted for permanent residence in the United States. An alien granted asylum under Section 208 of An alien whose deportation is being withheld under Section 243 (h) the Immigration and Nationality Act. of the Immigration and Nationality Act. A refugee granted asylum under Section 207 An alien granted conditional entry pursuant to Section 203 (a)(7) of of the Immigration and Nationality Act. the Immigration and Nationality Act as in effect prior to April 1980. Non-Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: If you are not a United States citizen please enter your registration, Visa, or receipt number issued by the Immigration and Naturalization Service: QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE IMMIGRATION AND NATURALIZATION SERVICE (INS) AT: 1-800-375-5283. **GENDER AND ETHNICITY: (This item is optional)** Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure. GENDER: Female П Male Black (not Hispanic) Asian Hispanic Native American **AFFIDAVIT** 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 or loss of certificate and may result in criminal prosecution.

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Date:

Signature of applicant: