NYSPMA & The Foundation for Podiatric Medicine:
NY20 Clinical Conference
Radiology Course Application for Unlicensed Persons

****This course is for podiatric assistants working under NYS podiatrists. Assistants practicing in offices in other states will NOT be able to transfer this certification to their home state as it is a NYS-specific privilege to license unlicensed individuals in radiography.**

Course Date & Time: Friday, January 24th, 2020, 9:00am-5:00pm
Course Location: Mariott Marquis, Times Square
Registration Deadline: Monday, January 6th, 2020
Registration contact: Sonia Lunn
Email: **slunn@nyspma.org**,
Phone: 212-996-4400
Fax: 646-672-9344
Office Address (if mailing payment):
NYSPMA, Attn: Sonia Lunn
555 8th Avenue, Suite 1902
New York, NY 10018

Materials Needed:

1. Payment & Application (the following 3 pages)
2. Diploma (High School, or equivalent/ higher degrees accepted)
   (GED, High School Equivalency, College & Masters are O.K.)
3. Letter of moral character from applicant's employer on company stationery

Please Send All Materials Together If Possible

NYSPMA Podiatric Radiography Course for Unlicensed Individuals in NYS

REQUIREMENTS:

1. Applicants must be at least 18 years old
2. Applicants must have a high school diploma or equivalent or Post-Secondary Diploma– **Attach copy of diploma or GED**
3. Applicants must be of good moral character – **Supply letter from doctor attesting to character**
4. Applications must be submitted in completion. We do not accept applications that do not have all four necessary components (Registration form, application, HS diploma or equivalent, letter of moral character) or are submitted in piecemeal.

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) ❒ $495 Per Registrant (Non Member's Staff)

Complete registrations will not be processed without payment.

- To pay by check: Mail check payable to NYSPMA to the attention of Sonia Lunn, 555 Eighth Avenue, Suite 1902, New York, NY 10018
- To pay by credit card: Scan and Email form to slunn@nyspma.org (we highly recommend this method) or fax to 646-672-9344 to the attention of Sonia Lunn

❒ Check Enclosed Amount $_____

❒ MasterCard ❒ Visa Amount $_____

Card Holder Name

Card # Exp. Date

Signature Security Code

CANCELLATION POLICY:

Registrations cancelled by Friday, September 6th, 2019 will be refunded in full, minus a $25.00 processing fee. All cancellation requests must be emailed to slunn@nyspma.org. No refunds will be issued after Friday January 10th, 2020.

CONFIRMATION:

Confirmation and study guide will be emailed to registrant upon acceptance of all application materials**. If you do not receive a confirmation email with study guide, you must reach out to slunn@nyspma.org -- you are not enrolled in the course.**

DEADLINE AND CONDITIONS TO APPLY:

All COMPLETE applications (Registration form, application, high school diploma, and letter of moral character) must be received by Monday, January 6th, 2020.

QUESTIONS?

Email Sonia Lunn at slunn@nyspma.org. or call the NYSPMA office and ask to speak to Sonia Lunn at 212-996-4400

Please email, fax or mail this application att: Sonia Lunn at NYSPMA
New York State Podiatric Medical Association
555 8th Avenue
New York, NY 10018
Office Phone: (212) 996-4400

APPLICATION FOR A PODIATRIC RADIOGRAPHY COURSE FOR UNLICENSED INDIVIDUALS

APPLICANTS MUST COMPLETE ALL PAGES OF THIS APPLICATION **IN INK, WRITTEN LEGIBLEY**
IF YOU DO NOT HAVE CLEAR HANDWRITING PLEASE TYPE THE INFORMATION AND SIGN IN INK

BIRTH DATE: _____/_____/_____
month day year

PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE:

Last: _____

First: _____

Middle: _____

MAILING ADDRESS:

Apt./Bldg _____

Address: _____

City: _____ State: _____ Zip Code: _____

TELEPHONE/FAX and EMAIL:

Home: (_____) _____-_____ Work: (_____) _____-_____

Fax: (_____) _____-_____ Email: _____

(IMPORTANT: You must notify the State Education Department promptly of any address or name changes.)

Do you now hold, or have you ever held, a license or certificate to practice in any profession in any jurisdiction? ❒ YES ❒ NO

(If so, list below and attach other pages as needed.)

Profession	License Number	Jurisdiction

Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? ❒ YES ❒ NO

Are criminal charges pending against you in any court? ❒ YES ❒ NO

Are charges pending against you in any jurisdiction for any sort of professional misconduct? ❒ YES ❒ NO

NOTE: If you answer "Yes" to any of the above three questions, submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

EDUCATION

In the spaces below, give an accurate record of your postsecondary educational preparation. List all colleges attended and degrees received. (Attach additional sheets if necessary.)

SCHOOLS ATTENDED AND LOCATIONS	NUMBER OF YEARS ATTENDED	ATTENDANCE		DIPLOMA OR DEGREE OBTAINED
		Entrance Date	Leaving Date	

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 lawfully admitted for permanent residence in the United States.

❒ An alien granted asylum under Section 208 of the Immigration and Nationality Act.

❒ A refugee granted asylum under Section 207 of the Immigration and Nationality Act.

❒ 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 whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.

❒ An alien granted conditional entry pursuant to Section 203 (a)(7) of 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: ❒ Male ❒ Female

ETHNICITY: ❒ White (not Hispanic) ❒ 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.

Signature of applicant: _____ Date: _____