

NYSPMA Podiatric Radiography Course for Unlicensed Individuals

Friday, September 18, 2015 8:00AM - 4:00PM

Buffalo Marriott Niagara / 1340 Millersport Highway / Amherst, NY 14221

REQUIREMENTS:								
1. Applicants must be at least 18 years old								
2. Applicants must have a high school diploma or	equivalent – Attach	n copy of dip	loma or GED					
3. Applicants must be of good moral character – Supply letter from doctor attesting 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)	🗖 \$495 Per Reg	gistrant (Non I	Member's Staff)					
Registrations will not be processed without payment.								
To pay by check: Mail check payable to NYSPMA to 55	5 Eighth Avenue. Su	ite 1902. Ne	w York. NY 10018					
To pay by credit card: Email form to <u>sarah@nyspma.org</u> or fax to 646-672-9344								
Check Enclosed Amount \$								
□ MasterCard □ Visa Amount \$								
Card Holder Name								
Card #	Exp. Date							
Signature	Security Code							
CANCELLATION POLICY:								
Registrations cancelled by Friday, September 4 will be refu	nded in full, minus a S	25.00 process	sing fee. All cancellation					
requests must be emailed to <u>sarah@nyspma.org</u> . No refunds will be issued after <u>Friday, September 4, 2015.</u>								
CONFIRMATION:								
Confirmation and study guide will be emailed to registrant upon receipt and acceptance of all application materials.								
DEADLINE TO APPLY:								
All applications must be received by <u>Friday, September 4, 2015</u> .								

QUESTIONS?

Email Sarah Hansen at sarah@nyspma.org.

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

PODIATRIC RADIOGRAPHY COURSE FOR UNLICENSED INDIVIDUALS

APPLICANTS MUST COMPLETE ALL PAGES OF THIS APPLICATION

BIRTH DATE:///						
month day year						
PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR CERTIFIC	ATE:					
Last:						
First:						
Middle:						
MAILING ADDRESS:						
Apt./Bldg						
Address:						
City:		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	6.				
Do you now hold, or have you ever held, a license or certificate to practice in any (If so, list below and attach other pages as needed.)	/ profession in any jurisdiction?	🗖 YES	D NO			
Profession	License Number	Jurisdicti	on			
Profession	License Number		on			
Profession	License Number	Jurisdicti	Jurisdiction			
Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo misdemeanor) in any court?	contendere to a crime (felony or	TYES	🗖 NO			
Are criminal charges pending against you in any court?		TYES				
Are charges pending against you in any jurisdiction for any sort of professional m	T YES					

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	ATTEND	ANCE	DIPLOMA OR DEGREE OBTAINED
	ATTENDED	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 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 the Immigration and Nationality Act.		An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.					
	A refugee granted asylum under Section 207 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 gualification 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 and may result in criminal prosecution.