The University of the State of New York **Department Use Only Medicine Form 1** THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov **Application for Licensure** Applicants Must Complete All Six Pages Of This Application In Ink **Social Security Number** (Leave this blank if you do not have a U.S. Social Security Number) ER 3 Month **Birth Date** NYS License Number **Print Full Name Date Issued** Last Initials First Middle Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information. Mailing Address: ☐ Home or ☐ Business (You must notify the Department promptly of any address or name changes.) **New York State DMV ID Number** Line 2 (Driver or Non-Driver ID) Line 3 City (Leave this blank if you do not have a New York State DMV ID Number) Zip Code State Country/ Province Telephone/E-Mail Address Daytime Phone: ☐ Home or ☐ Business E-Mail Address (Please print clearly): Home or Business Area Code Phone Number Name as it appears on degree or other credentials (if different from above): 9 I wish to become licensed on the basis of: Acceptable examination scores (see page 3 of this form) Endorsement of another license (See "Applicants Licensed in Another State" section of instructions.) I am using FCVS to collect my credentials: **Q** YES Have you previously applied for a New York State License or a limited permit to practice medicine? □ NO ☐ YES Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or ☐ YES □ NO misdemeanor) in any court? ☐ YES □ NO Is any criminal charge pending against you in any court in any jurisdiction? Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or ☐ YES □ NO previously, or ever fined, censured, reprimanded or otherwise disciplined you? Are charges pending against you in any jurisdiction for any sort of professional misconduct? □ NO ☐ YES Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges 15 ☐ YES □ № or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? NOTE: If you answer "Yes" to any questions numbered 11-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether, pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed. Medicine Form 1, Page 1 of 6, Rev. 11/19

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-E for each school. Please print. List diploma or degree titles in original language and translate. If no diploma or degree, indicate number of credits earned. Attach additional sheets if necessary.							
A. NAME OF SCHOOLS ATTENDED	AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTEN	Leaving Date	D. TITLE OF DIPLOMA OR DEGREE OBTAINED (INDICATE MONTH/YEAR	E. IF NO DIPLOMA OR DEGREE, INDICATE NUMBER OF CREDITS EARNED	
High School or Secondary School					OBTAINED)	OF GREDITO EARNED	
					Б		
School Name		В	/	mo / yr	D		
City	e/Country						
Postsecondary Preprofessional School(s) (Exclusive of Medical School	ol)						
School Name			/	/			
City	e/Country	D					
A		D	/	/			
School Name			mo yr	mo yr			
City	e/Country						
Medical Education (Professional, list all medical schools attended)							
School Name							
Cit.	e/Country		/	/		_	
City	В		,	D			
School Name			,	[,			
City State/Country			/yr	/yr			
If you completed clinical clerkships in a country other than where your medical school is located, give the dates and location of these clerkships. Attach additional sheets if necessary.							
Inclusive Clerkship Dates Clinical Area		Name of Health Care Facility And Address		Medical School with which Clerkship Affiliated and Address			
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17	•	Are you licensed or have you ever been licensed as a physician in any other state or country? Yes No							
	If yes , list each jurisdiction. If appropriate, you must also submit a Form 3A or 3B. See Examination Requirements section of instructions.								
	State or Country	Date License Issued	Number		nination passed)	Endorsement	Other	Any Limitations on License	
18		for licensure on the basi		program?		of attendance	Yes	No	
			•			1	sive Dates of At	tandanaa	1
	Name	and Location of Medica	School of Hospital			inciu	Sive Dates of At	tendance	1
19	List in English all	specialty qualifications	you have earned (i.e.	e Board	Specialty C	Certification or Dinle	omate Certificate	۵)	
							1		
Name of Qualifications Name and location of organization issuing				suing credential					
20	I will be applying to the Federation of State Medical Boards (FSMB) for USMLE Step 3 OR I have successfully completed the examination combination indicated below:								
	EXAMINATION COMBINATIONS								
	USMLE	E Steps 1, 2, and 3			USMLE Ste	ep 1, NBME Part II	, and USMLE S	tep 3	
	☐ FLEX F	Parts I, II, and III			USMLE Ste	eps 1 and 2 and Ni	BME Part III		
	☐ FLEX C	Components I and II			USMLE Ste	ep 1, NBME Part II	, and FLEX Con	nponent II	
	☐ NBME	Parts I, II, and III			NBME Part	I, USMLE Step 2,	and FLEX Com	ponent II	
	☐ NBME	Parts I and II and USML	E Step 3		USMLE Ste	eps 1 and 2 and Fl	_EX Component	ı II	
		Part I, USMLE Step 2 ar				s I and II and FLE.			
		Part I, and USMLE Step				ponent I and USM			
		E Step 1, and NBME Par				arts I, II, and III	·		
		, , ,							
	Date ex	xamination sequence wa	is completed						
	Date 67								
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21	periods. Be sure there are no gaps in time from the ending date of one activity to the beginning date of the next activity. Any gap in time will cause a delay in the processing of your application. Attach additional sheets if necessary.							
	Grac	luation Date from Medical School://						
		Beginning / Ending / month year month year						
		Name of Employer/Facility						
		Address		710.0				
		Street	City	State ZIP Code				
		Beginning / Ending / month year wonth year	(if residency or employment, fill of	out name and address below)				
		Name of Employer/Facility						
		AddressStreet	City	State ZIP Code				
	3.	Beginning / Ending / month year	Type of activity Residency (if residency or employment, fill or					
		Name of Employer/Facility						
		AddressStreet	City	State ZIP Code				
	4.	Beginning / Ending / month year	Type of activity ☐ Residency (if residency or employment, fill or					
		Name of Employer/Facility						
		AddressStreet	City	State ZIP Code				
	5.	Beginning / Ending /	Type of activity Residency					
		month year month year Name of Employer/Facility	(if residency or employment, fill o	out name and address below)				
		AddressStreet	City	State ZIP Code				
22		If you hold a New York State license in another profession, i	ndicate the profession, your license nur	mber and date of licensure below.				
-		Profession	License Number	Date of Initial Licensure (mm/dd/yy)				
				/				
				/				
				//				
			_	//				
23	CHILD ABUSE IDENTIFICATION AND REPORTING: (check only one of the following.)							
		I graduated from a medical school in New York State after September 1, 1990.						
	I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider. I am filing for an exemption to the requirement and have enclosed the exemption form.							
	I am going to take the Child Abuse Identification course and submit the required form.							
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24	CITIZENSHIP/IMMIGRATION STATUS						
	Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.						
	I am:						
	☐ A.	A United States citizen or National.					
	☐ B.	An alien lawfully admitted for permanent residence in the United States.					
	□ C.	An alien granted asylum under Section 208 of the Immigration and Nationality Act.					
	☐ D.	A refugee granted asylum under Section 207 of the Immigration and Nationality Act.					
	□ E.	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.					
	☐ F.	An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.					
	☐ G.	An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.					
	☐ H.	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:					
	I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify:						
	☐ J.	I do not reside in the United States.					
		ecked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and ion Services (USCIS): USCIS number:					
		CTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE V.USCIS.GOV.					
25	CHILD SUPPORT OBLIGATION: Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of sup-port obligations is punishable under section 175.35 of the Penal Law.						
	You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.						
	Check	only A or B below. If you check B, you must check one of the five statements listed below it.					
	A 🗌	I am not under an obligation to pay child support;					
	в	OR I am under an obligation to pay child support and (please check only one of the following)					
	[[[I am current and am not four months or more in arrears in the payment of child support; or, I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or, The child support obligation is the subject of a pending court proceeding; or, I am receiving public assistance or supplemental security income; or, None of the above four statements apply.					
	*New Y	ork State General Obligations Law, section 3-503					

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26	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				
27	EDUCATION	REVIEW				
	I give permiss	sion to the New York State Education Departm	nent to release my examina	tion results to my professional school		
	for the confide	ential purposes of program review and institu	tion research and planning	. I may rescind this authority at any		
	time by notifying	ng the Division of Professional Licensing Serv	rices in writing.			
	☐ Yes ☐	No Please initial:				
28	AFFIDAVIT W	VITH ACKNOWLEDGMENT (Notarization requir	ed.)			
	_	offirm that the statements made in this applies	tion including accompanyin	ag degumente, are true, complete		
	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 licensure and may result in criminal prosecution. This form must be signed and dated in the presence of a Notary Public.					
	•	ne applicant:				
	Date	//				
	NOTARY					
	State of		County of			
	On the	day of	_ in the year	_ before me, the above signed,		
	personally app	peared	, personally kr	nown to me or proved to me on the		
		Applicant Name actory evidence to be the individual whose na				
	that he/she ex	secuted the application and swore that the sta	tements made by him/her i	n the application and all supporting		
	materials are t	rue, complete, and correct.				
	Notary Public	signature				
	Notary ID num	nber	N	otary Stamp		
	Expiration date	e / / / Year		-		
		appropriate fee to: New York State Education of SEND CASH. Make check or money order p				

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