NEW YORK COLLEGE OF PODIATRIC MEDICINE
53 East 124th Street
New York, NY 10035
212-410-8000

# Credentialing and Education Verification Form

**College Name: New York College of Podiatric Medicine**

**Student Name: _____ _____**
**First Name Last Name**

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## Registrar's Office Use Only:

**Enrollment Dates: _____ _____**
**Start Date End Date**

**Graduation Date: _____**

**Degree Received: _____**

**Comments:**

_____

_____

**Signature: _____ Date: _____**

**Name**: _____ **Title: _____**

For Credentialing and Education Verifications, there is a $10.00 education verification fee. For payment, please review the Education Verification Payment Instructions form on our website.