NEW YORK COLLEGE OF PODIATRIC MEDICINE
OFFICE OF THE REGISTRAR
53 East 124th Street, New York, NY 10035
p: (212) 410-8429, *f:* (212) 722-4918

Credentialing and Education Verification Form

College Name: New York College of Podiatric Medicine

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

Enrollment Dates: _____ _____
State Date **End Date**

Graduation Date: _____

Degree Received: _____

Comments: _____

_____

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

For Credentialing and Education Verifications, there is a $10 education verification fee. For payment, Please see the Education Verification Payment Instructions form on our website.