

G Select Language 🔻



Conferral of M.D. Degree

The Board of Regents is empowered to confer the M.D. degree on New York licensees who meet specific requirements.

To be eligible, you must:

 have completed a medical education program in a foreign medical school, satisfactory to the department, which does not grant the degree doctor of medicine (M.D.) and in which the philosophy and curriculum were equivalent, as determined by the department, in accordance with the policy of the Board of Regents, to those in programs leading to the degree of doctor of medicine (M.D.) at medical schools in the United States satisfactory to or registered by the Board of Regents and the department;

and

hold a license to practice medicine in New York State in accordance with provisions of section 6524 or 6528 of the Education Law or their equivalent as determined by the Regents pursuant to their authority under section 6506 of the Education Law.

 complete the application and submit the entire form along with the required fee of \$300 to the New York State Education Department at the address at the end of the form. Be sure to sign and date item 13.

MDC-1 Application for Conferral of M. D. Degree by Board of Regents (19 KB)

MDC1 M.D. Conferral	The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov	Department Use Only				
	Conferral of M.D. Degree ard of Regents					
Requirer	nents and Instructions					
satisfactory to the department which does the philosophy and curriculum were equiva policy of the Board of Regents, to those in	medical education program in a foreign medical school not grant the degree doctor of medicine (M.D.) and in which alent, as determined by the department, in accordance with the programs leading to the degree of doctor of medicine (M.D.) isfactory to or registered by the Board of Regents and the	□ 60 \$300 CD				
and		Certificate Number				
	York State in accordance with provisions of section 6524 or ent as determined by the Regents pursuant to their authority	Conferral Date				
1 1 11	ntire form along with the required fee of \$300 to the New York	1				
	at the end of the form. Be sure to sign and date item 13.	Initials				
check or money order in U.S. funds payable to	ed fee of \$300 must be submitted with this application. Make the New York State Education Department.					
1 Social Security Number (Leave this blank if you do not have a U.S. Social	al Security Number)	5 Telephone/E-Mail Address				
2 Birth Date Month Day	Year Year	Daytime phone				
3 Print Name Exactly as It Appears or	n Your License	Area Code Phone				
Last		E-mail Address (please print clearly)				
First						
Middle						
4 Mailing Address (You must notify the D	epartment promptly of any address or name changes.)					
 Line 1						
Line 2						
Line 3						
State Zip Cc						
Province						
6						
6 Name of degree granting institution w	here you completed your medical education:					
	Degree granted: Da					
Address:		mo. day yr.				
City:	State/Province:	Country:				
7 New York State medical license numb	er: Da	ate issued: / / /				
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8	Since you last registered, has any state other than New York instituted charges against you for professional miscondu conduct, incompetency or negligence, or revoked , suspended, or accepted surrender of a professional license held be		essional		
9	Since you last registered, have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere (felony or misdemeanor) in any court?	e to a crime	🗌 No		
10	Since you last registered, are criminal charges pending against you in any court?	🗌 Yes	🗌 No		
11	Since you last registered, are charges pending against you in any jurisdiction for any sort of professional misconduct?	? 🗌 Yes	🗌 No		
12	Since you last registered, has any hospital or licensed facility restricted or terminated your professional training, empl privileges or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition to professional misconduct, unprofessional conduct, incompetence, or negligence?		ion due		
	NOTE: If you answer "Yes" to any questions numbered 8-12, submit a letter giving a complete detailed explanation. I of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" "Certificate of Good Conduct."		ies		
13	ATTESTATION				
	I certify that the statements made in this application and any accompanying documentation are true, complete and co that any misrepresentation or any false or misleading information made in connection with my application may result is prosecution and may be cause for disciplinary action, including the loss of my license and that the willful failure to reg continuing to practice my profession constitutes professional misconduct.	in criminal	erstand		
	Signature				
	Date				
Ma	il this form and the required \$300 fee to: New York State Education Department, Office of the Professions, [
Pro	Professional Licensing Services, Certification and Verification Unit, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable in U.S. funds to the New York State Education Department				

THE UNIVERSITY OF THE STATE OF NEW YORK EDUCATION DEPARTMENT Ample



BE IT KNOWN THAT

SYED IFTIKHAR SHAH

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF REQUIREMENTS PRESCRIBED IN SECTION 6529 OF THE EDUCATION LAW, THE DEGREE OF

DOCTOR OF MEDICINE (M.D.)

IN THE STATE OF NEW YORK IS HEREBY CONFERRED

IN WITNESS WHEREOF THE BOARD OF REGENTS ISSUES THIS CERTIFICATE UNDER ITS SEAL AT ALBANY, NEW YORK

THIS EIGHTEENTH DAY OF MAY 2010

Merry A Lick

PRESIDENT OF THE UNIVERSIT AND COMMISSIONER OF EDUCATION



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