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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:

1. 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.

2. 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)

8 Since you last registered, has any state other than New York instituted charges against you for professional misconduct, unprofessional conduct, incompetency or negligence, or revoked, suspended, or accepted surrender of a professional license held by you? Yes No

9 Since you last registered, have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes 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terminated your professional training, employment, or privileges or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetence, or negligence? Yes No

NOTE: If you answer "Yes" to any questions numbered 8-12, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

13 ATTESTATION

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Signature

Date

Mail this form and the required \$300 fee to: New York State Education Department, Office of the Professions, Division of 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



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

CERTIFICATE NUMBER

236866



Meryl A. Liche
CHANCELLOR

[Signature]
PRESIDENT OF THE UNIVERSITY
AND COMMISSIONER OF EDUCATION