



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Student Attestation Professional Licensure or Certification

Many professions and certifications are governed by state or territorial regulations. These regulations often dictate specific educational requirements for licensure or certification. For this reason, some of SUNY Downstate Health Sciences University programs or courses that lead to professional licensure and New York State certification may not meet the educational requirements of all states and territories. The attestation process ensures that students engage in the decision-making process with full awareness and consent.

I am interested in enrolling in a professional licensure or certification program at SUNY Downstate Health Sciences University and I have been informed that the licensure program at SUNY Downstate is designed to meet the requirements for licensure in New York State.

Why am I required to complete an attestation?

Federal regulation, § 668.14(b)(32)(i) and (ii), requires students to complete an attestation at the time of initial enrollment or change of address outside of New York State when they are enrolled in a professional licensure or state certification program. The attestation serves as a crucial tool to ensure that students engage in the decision-making process with full awareness and consent.

SUNY Downstate is committed to complying with federal regulations and demonstrating transparency. SUNY Downstate Health Sciences University has implemented a robust student attestation process to ensure that students are fully informed about how the University's professional licensure and certification programs align with the educational standards of a state or territory, empowering them to make informed decisions about their education and future career paths.



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Student Attestation Form for Licensure/Certification Programs

Student Name: _____

Student ID Number: _____

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I am interested in enrolling or have enrolled in a professional licensure or certification program at SUNY Downstate. I have been informed that the licensure program at SUNY Downstate is designed to meet the requirements for licensure in New York State.

1. I understand that if my current permanent (home) address is outside of New York State, I am prohibited by federal rule from being admitted into this Certification/Licensure program unless I submit this attestation.
2. I understand that if my current permanent (home) address is in New York State, I will not be prohibited from enrolling without this attestation but realize if my address changes while enrolled, it will become mandatory.
3. I confirm I have reviewed the general licensure disclosures provided by SUNY Downstate that can be found at this webpage:
<https://www.downstate.edu/education-training/student-affairs/student-policies/professional-licensure.html>
I understand that SUNY Downstate is committed to working with me to determine my options if I choose to seek employment outside of New York State.
4. I acknowledge that I should contact any state or country in which I may be interested in becoming licensed upon graduation to ensure I fully understand my employment options in that state or country. The most reliable information comes directly from the applicable state licensure board or agency/entity. If I need help in determining the appropriate agency, board, or entity I need to contact, SUNY Downstate is committed to working with me to determining the appropriate contact.

5. I hereby attest and confirm that I plan to enroll or remain enrolled in a licensure program that is designed and approved for the State of New York. If my current or future plans to practice or seek future employment are outside of the State of New York, I understand that I must contact the applicable licensure board for my new location.

I knowingly and voluntarily submit this attestation.

Student Signature: _____ Date: _____