

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at [OPREGFEE@mail.nysed.gov](mailto:OPREGFEE@mail.nysed.gov) or (518) 474-3817, Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

**UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.**

SEE BACK FOR IMPORTANT INFORMATION

*The University of the State of New York*  
*Education Department*  
*Office of the Professions*  
**REGISTRATION CERTIFICATE**  
*Do not accept a copy of this certificate*

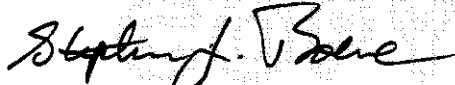
License Number: 224748-01

Certificate Number: 1526243

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DEPARTMENT OF PATHOLO  
UNIVERSITY OF ROCHEST  
601 ELMWOOD AVE  
ROCHESTER NY 14642-0000

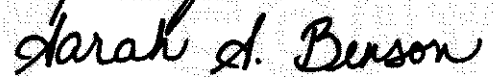
is registered to practice in New York State through 11/30/2023 as a(n)  
**PHYSICIAN**

LICENSEE/REGISTRANT



EXECUTIVE SECRETARY

COMMISSIONER OF EDUCATION



DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

*This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit [www.op.nysed.gov](http://www.op.nysed.gov).*