

General Instructions for Certification Request

ORDERING

To order your certification, complete the **Certification Request Form** and deliver it to us in one of the following ways:

By mail: Ponce School of Medicine
Registrar's Office
PO Box 7004
Ponce PR 00732

By email: Please attach the **Certification Request Form** and send to registrar@psm.edu

In Person: Bring the complete **Certification Request Form** to PSMHS Registrar's Office. If your certification is being picked up by someone other than yourself, they must have your written and signed authorization, along with their own photo ID.

PAYMENT

Cost per Certification is US \$3.00. Payment may be remitted using Visa or Master Card. Please contact PSMHS Finance Office at 787-840-2575 Ext 2107 to pay with credit card, or you may pay by regular mail with check or Money Order payable to Ponce School of Medicine. Mail your request and check or Money Order to:

**Ponce School of Medicine
Registrar's Office
Po Box 7004
Ponce, PR 00732**

If you deliver your request in person, payment may be remitted in cash, debit card, VISA, MasterCard, check or Money Order.

TIME FOR PROCESSING:

7 business days