



Department of Health

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Governor

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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Aug 20, 2019

Digital Compliance

Abdul Malik Yoosufani

5114 Balcones Woods Dr Suite 307, #331

Austin, Texas 78759

Dear Infection Control Training Provider:

Your application to become an Infection Control Training Provider has been received and reviewed by this office. Your request has been approved.

Your provider number is TP10040. This number is exclusive to your facility and may not be used in any other capacity. This approval will expire six (6) years from the date of this letter, at which time you should reapply for providership. Your training providership is authorized for the following:

Target Audience:

Physicians	Registered Physician Assistants	Specialist Assistants
Podiatrists	Registered Nurses	Licensed Practical Nurses
Dentists	Dental Hygienist	Optometrists

Eligible Groups:

Employees	Credentialed/Affiliated Professionals	Community-based Providers
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Should any of the information regarding your providership change over the course of the next six (6) years, please submit the changes in writing to this office at the following address with your provider number clearly displayed in the document. This information will be kept to update our files and directory on a regular basis.

**New York State Department of Health
Corning Tower, Rm 523
Empire State Plaza
Albany, New York 12237
(518) 474-1142**

Sincerely,

Ernest J. Clement, MSN, RN, CIC
Infection Preventionist
New York State Department of Health
Bureau of Healthcare Associated Infections