

THE UNIVERSITY OF THE STATE OF NEW YORK  
 THE STATE EDUCATION DEPARTMENT  
 Office of the Professions  
 State Education Building, 2<sup>nd</sup> Floor  
 89 Washington Avenue  
 Albany, NY 12234

BOARD OFFICE USE	
Board _____	
JD (Residence) _____	JD (Work) _____ (✓ appropriate lines)
New Appt _____	Reappt _____
Active _____	Extended _____
BPMC _____	Prof Asst Comm _____
Proposed term: _____ - _____	

**APPLICATION FOR STATE BOARD MEMBERSHIP**

*(Please print or type)*

**Name & Residence of Applicant** *(incl. phone number & email address):*

**Nature of Membership:**

<input type="checkbox"/>	licensed in that profession; namely, _____
<input type="checkbox"/>	public member (not licensed in that profession(s)
<input type="checkbox"/>	other/special ( <i>specify</i> ) : _____

**Employer** *(incl. business address & phone number)*

**NYS License Number(s)**, if applicable: \_\_\_\_\_

**Date of Licensure:** \_\_\_\_\_

**Currently registered?** Yes / No

**Other states in which you are or have been licensed:**

**Nominating Individual/Organization**, if any  
*(include address & phone number)*

If licensed, have you ever had any action taken against your license(s)? Yes / No If such action were taken, but not in New York State, please attach an explanation.

**Social Security Number:** \_\_\_\_\_

**Higher Education Credentials**

<i>Institution</i>	<i>Degree</i>	<i>Major</i>	<i>Dates of Conferral</i>
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**Experience/Employment** *(within the past ten years):*  
*Employer or Private Practice*

<i>Position / Title / Description</i>	<i>Inclusive Dates</i>
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Professional Membership and/or Awards:

Community/Consumer Activities, if any:

Special skills/interests as they relate to the work of the Office of the Professions:

**For Prospective Public members:**

1) Education Law requires a public member to be a consumer of the service of the profession that the State Board oversees. Describe how you are a consumer of services in the respective profession(s).

2) Note: Education Law also stipulates that a public member shall not be, nor within five years immediately preceding appointment have been: a licensee or person otherwise subject to the supervision or regulation of the Board to which appointed; or a person maintaining a contractual relationship with a licensee of such Board which would constitute more than two per centum of the practice or business of any such licensee, or an officer, director, or representative of such person or group of persons.

If selected for appointment by the Regents, I am willing to serve on the State Board(s) for

\_\_\_\_\_   
 [Board name]

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_