

REQUEST FOR WRITTEN CONFIRMATION OF NEW YORK STATE LICENSURE

(This form may be photocopied)

Instructions

1. Check whether you are requesting a certification of licensure or a verification of licensure in item 1 (see page 2 for an explanation of what each includes).
2. Complete items 2-4 making sure to indicate where the information you are requesting is to be sent.
3. Be sure to sign and date item 5.
4. Enclose payment and return this form with any accompanying documents (such as other states' forms) to the address at the end of the form. Do not send cash. Please make check or money order payable to the New York State Education Department.

Please Note: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

1 Check what you are applying for:

Certification of Licensure* \$20 CL

Verification of Licensure \$10 VL

***REQUEST IF YOU ARE SEEKING LICENSURE IN
ANOTHER STATE OR JURISDICTION.**

2 Licensee information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Profession: _____ License number: _____

(See listing on page 2)

Name Originally Licensed Under: _____

Social Security Number

Birth Date

Month

Day

Year

(Leave this blank if you do not have a U.S. Social Security Number)

3 Name and Address of individual or organization making request

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime telephone number: _____ Fax: _____

E-mail: _____

4 Name and Address to which verification/certification is to be sent (or send to address in item 2 , in item 3)

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

5 Signature: _____ Date: _____

Print name: _____

Information Regarding Written Confirmation of Licensure

A license indicates that an individual has met the minimum requirements of the Education Law to enter practice or use a professional title within New York State. A license is valid for the life of the holder unless revoked, annulled, or suspended by the Board of Regents. The Education Law requires that individual licensees periodically register with the Department and pay a fee in order to actively practice or use a professional title within New York State.

Online verification of licensure is available on our Web site at www.op.nysed.gov/opsearches.htm or an oral verification of licensure can be given over the telephone at no cost by calling 518-474-3817.

New York State issues the following two types of written confirmation of licensure, both of which require a written request and a fee:

Certification

A certification of licensure is an official statement of the basis of licensure, including such items as professional school attended and professional examination results which may be required for licensure in another state. This statement will only be issued at the request of the licensee or to another licensing authority. The fee is \$20 per request.

Verification

A verification of licensure is a letter that states whether an individual is licensed and currently registered. The fee is \$10 per request.

Before requesting either of the above, you should determine what is needed by the party to whom the information will be sent.

Professions Licensed Under Title VIII of the Education Law

Acupuncturist	Landscape Architect	Physical Therapist
Architect	Land Surveyor	Physical Therapist Assistant
Athletic Trainer	Licensed Clinical Social Worker	Physician
Audiologist	Licensed Master Social Worker	Podiatrist
Certified Clinical Laboratory Technician	Licensed Practical Nurse	Professional Engineer
Certified Dental Assistant	Marriage and Family Therapist	Psychoanalyst
Certified Public Accountant	Massage Therapist	Psychologist
Certified Shorthand Reporter	Medical Physicist	Public Accountant
Chiropractor	Mental Health Counselor	Registered Physician Assistant
Clinical Laboratory Technologist	Midwife	Registered Professional Nurse
Creative Arts Therapist	Nurse Practitioner	Registered Specialist Assistant
Cytotechnologist	Occupational Therapist	Respiratory Therapist
Dental Hygienist	Occupational Therapy Assistant	Respiratory Therapy Technician
Dentist	Ophthalmic Dispenser	Speech-Language Pathologist
Dietitian/Nutritionist	Optometrist	Veterinarian
Interior Designer	Pharmacist	Veterinary Technician

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, Certification and Verification Unit, 89 Washington Avenue, Albany, NY 12234-1000.