



**SECTION II : CERTIFICATION OF EDUCATION**

**INSTRUCTIONS TO REGISTRAR:** Please complete Section II, attach an official transcript and return this form directly to the Office of the Professions at the address shown below. DO NOT RETURN THIS FORM TO THE APPLICANT.

**DEGREE RECIPIENT**

It is hereby certified that: \_\_\_\_\_  
(Name of applicant)

was awarded the degree of \_\_\_\_\_ on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_,  
mo. day yr.  
for technical study in manual or machine shorthand reporting.

**DESCRIPTION OF THE PROGRAM THE APPLICANT COMPLETED**

- (1) Program title: \_\_\_\_\_
- (2) Length of program: \_\_\_\_\_
- (3) Date of applicant's admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Completion/Withdrawal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.
- (4) Years of education and credential required for admission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Please attach an official transcript or marksheet giving courses completed by year including grades and a syllabus of the course of studies completed.

**CERTIFICATION (To be completed by the Registrar)**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the educational record of the applicant named above.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Type or print name: \_\_\_\_\_

Title or official position: \_\_\_\_\_

**(SCHOOL SEAL)**

Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**RETURN TO:**  
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New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
Certified Shorthand Reporting Unit, 89 Washington Avenue, Albany, NY 12234-1000.