

7. Please print clearly giving an accurate record of your educational preparation below. Be sure to complete all information for all colleges/universities attended and degrees received. Attach additional sheets if necessary.

Name of Elementary or Primary School: _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Graduation date _____
mo. yr.

Name of High School/Secondary School or GED Diploma Issuer _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Graduation date _____ or, GED Issued _____
mo. yr. mo. yr.

Postsecondary School(s) *(Includes all schools attended after high school or secondary schools)*

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
(Your Profession Here:) _____ Unit, 89 Washington Avenue, Albany, NY 12234-1000.