

Education Record

INSTRUCTIONS: Please complete this form, have it notarized by a Notary Public and return it to the Office of the Professions at the address at the end of this form.

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

2 Birth Date Month [Grid] Day [Grid] Year [Grid]

3 Print Name Exactly As You Wish It To Appear On Your License  
Last [Grid]  
First [Grid]  
Middle [Grid]

4 Mailing Address (You must notify the Department promptly of any address or name changes.)  
Line 1 [Grid]  
Line 2 [Grid]  
Line 3 [Grid]  
City [Grid]  
State [Grid] Zip Code [Grid]  
Country/Province [Grid]

5 Profession: \_\_\_\_\_

6 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I, being duly sworn, declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. This form must be signed and dated in the presence of a Notary Public.

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_  
On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

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.

Completion date: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr.

Name of High School/Secondary School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Completion date: \_\_\_\_\_ / \_\_\_\_\_  
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 the original language): \_\_\_\_\_

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 the original language): \_\_\_\_\_

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 the original language): \_\_\_\_\_

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 the original language): \_\_\_\_\_

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