**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.

<table>
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<th>Line 1</th>
<th>Line 2</th>
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<th>City</th>
<th>State</th>
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<th>Country/Province</th>
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**1 Social Security Number**
(Leave this blank if you do not have a U.S. Social Security Number)

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

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

**4 Mailing Address** (You must notify the Department promptly of any address or name changes.)

**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.

*Signature of the applicant: ________________________________*

**NOTARY**
State of ____________________________ County of ____________________________
On the ___________ day of ____________________________ in the year ____________ before me, the undersigned, 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: __________/__________/__________*
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 ________ / ________
Attendance from: ________ / ________ to ________ / ________
Completion date: ________ / ________ mo. yr. mo. yr.

Name of High School/Secondary School: ____________________________________________________________________________________
City: ___________________________________ State/Province: ___________________________ Country: ______________________________
Number of years attended: _________________ Attendance from: ________ / ________ to ________ / ________
Attendance from: ________ / ________ to ________ / ________
Completion date: ________ / ________ 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 ________ / ________
Attendance from: ________ / ________ to ________ / ________
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 ________ / ________
Attendance from: ________ / ________ to ________ / ________
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 ________ / ________
Attendance from: ________ / ________ to ________ / ________
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 ________ / ________
Attendance from: ________ / ________ to ________ / ________
Title of Degree/Diploma/Certificate awarded (in the original language): _____________________________________________________________

Return this form to: New York State Education Department, Office of the Professions, _______________ Unit,
Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000.