FORM 1D

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CANDIDATE DATA RECORD
GENDER AND ETHNICITY

ALL CANDIDATES ARE REQUESTED TO COMPLETE THIS FORM

The New York State Board of Regents and the State Education Department are committed to equal opportunity and racial justice. To achieve these goals, legislation has been enacted which calls for specific efforts in eradicating the present effects of past discrimination. The Regents and the State Education Department endorse a coordinated and comprehensive effort involving the sustained efforts of the educational system, professional boards, professional associations and societies, government, industry, parent groups, and individual professionals. In pursuit of those efforts, the Legislature has authorized and required the Commissioner of Education to collect and analyze data concerning representation in the licensed professions.

The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes pertaining to the study of representation in the licensed professions. It will not be made part of your licensure file and will not be released to anyone. While the provision of this information is voluntary on your part, our statutory responsibilities contemplate the collection of reliable information and we therefore encourage you to participate.

If you would like more information about educational and scholarship programs designed to assist people to pursue professional education or if you are a licensed professional interested in volunteering in such programs, please write or call the Division of Postsecondary Equity and Access Programs (518) 473-6810.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS FORM

1. Complete Items 1-5 by printing all information clearly in the boxes provided.
2. Complete Items 6 & 7 by placing an (X) in the appropriate box.
3. Return this form to: Division of Professional Licensing Services, Cultural Education Center, Albany, New York 12230.

1 SOCIAL SECURITY NUMBER

___ - __ - ____

2 FIRST 3 LETTERS OF LAST NAME

___

3 BIRTH DATE

mo. day yr.

4 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION.

Last

First

Middle

5 ADDRESS

Care of

Street

City

State Zip Code

6 GENDER

☐ Male (M)

☐ Female (F)

7 ETHNICITY

☐ American Indian or Alaskan Native (I)

☐ Asian or Pacific Islander (A)

☐ Black {not Hispanic} (B)

☐ Hispanic (H)

☐ Caucasian/White {not Hispanic} (W)

April-95