FORM 2

Interior Design

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

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Enter your name as it appears on your licensure application (Form 1). Be sure to sign and date item 8.

2. Have the professional school you attended complete the appropriate parts of Section II. Be sure to include any fee required by the school. The registrar must return this form in a sealed school envelope directly to the Office of the Professions at the address at the bottom of page 2 of this form. This form will not be accepted if submitted by the applicant.

SECTION I: APPLICANT INFORMATION

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 YOUR FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)**

Last

First

Middle

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

Line 1

Line 2

Line 3

City

State

Zip Code

Country/ Province

5 Print name under which degree or diploma was awarded: ______________________________

6 Secondary institution attended: ______________________________

7 Professional school attended: ______________________________

Address: ______________________________ Date diploma was awarded: _______ / _______ / _______
mo. day yr.

Name of degree/diploma issued: ______________________ Dates of attendance from ______ / ______ / ______ to: ______ / ______ / ______
mo. day yr. mo. day yr.

8 I request and give my permission to the school listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's signature: ______________________________ Date: _______ / _______ / _______
mo. day yr.

December 2003

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTIONS TO REGISTRAR:

Please complete Section II and return this form with an official school transcript directly to the New York State Education Department at the address at the end of this form. DO NOT return this form to the applicant.

1. Name of institution: _____

   Address: _____

2. Exact name of program option or concentration, if any: _____

3. Credential required for admission: _____

4. Entrance Date: _____ / _____ / _____ Completion/withdrawal date: _____ / _____ / _____ ☐ Full time ☐ Part time
   mo. day yr. mo. day yr.

5. Exact name of degree conferred, if any: _____

6. Date degree conferred: _____ / _____ / _____
   mo. day yr.

7. If not clearly identified on transcript, list any course convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred (Attach additional sheet if necessary).

   _____

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar or designee _____ Date _____ / _____ / _____
mo. day yr.

Title or official position _____

Institution _____

Address _____ **(COLLEGE SEAL)**

_____

Telephone number _____ Fax _____

E-mail _____

RETURN DIRECTLY TO ⟶	New York State Education Department, Office of the Professions, Division of Professional Licensing Services, **Interior Design Unit**, 89 Washington Avenue, Albany, New York 12234-1000