



**Section II: Certification of Professional Education**

**Instructions to Registrar:**

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form.  
**This form will not be accepted if returned by the applicant.**

**Name of Applicant:** \_\_\_\_\_  
*(Section I, item 5)*

**Part A - Completion of Education Requirement:**

The applicant completed a master of social work program that was, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for the Licensed Clinical Social Worker.

It is certified that the applicant:

completed the program on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

and was awarded the degree/diploma of: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Title of degree/diploma) mo. day yr.*

**OR**

on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ the institution determined that the applicant has met all requirements for the degree/diploma and the  
*mo. day yr.*

institution has agreed to award the degree/diploma of \_\_\_\_\_  
*(Title of degree/diploma)*

**Part B - PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT FOR THE LICENSED CLINICAL SOCIAL WORKER AT THE TIME THE APPLICANT COMPLETED THE PROGRAM. An official transcript or marksheet giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.**

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:

Entrance date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

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

Withdrawal date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

Did the applicant complete a field practicum of at least 900 clock hours? (check one)  **Yes**  **No**

If "no", number of clock hours completed: \_\_\_\_\_

2. Degree/diploma conferred: \_\_\_\_\_

3. Date degree/diploma conferred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

Name of accrediting body or official organization that recognizes this program: \_\_\_\_\_

Address of accrediting body or organization that recognizes this program: \_\_\_\_\_

\_\_\_\_\_

**Section II: Certification of Professional Education (continued)**

**Part B (continued) - LIST THE COURSES THAT WERE COMPLETED IN THE M.S.W. PROGRAM THAT MEET THE REQUIREMENT FOR AT LEAST 12 SEMESTER HOURS, OR THE EQUIVALENT, OF CLINICAL COURSEWORK THAT PREPARES THE APPLICANT TO PRACTICE AS A LICENSED CLINICAL SOCIAL WORKER. *The courses listed must be included on the official transcript provided by the graduate social work program.***

Required Content Area	Course Number, Title and Semester Hours
Diagnosis and assessment in clinical social work process	
Clinical social work treatment	
Clinical social work practice with general and special populations	

**Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.**

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

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Type or print name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

**(SEAL)**

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.**