

Section II: Certification of Professional Education

INSTRUCTIONS TO INSTITUTION REGISTRAR:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return this form directly to the Office of the Professions at the address at the end of this form. Do not return this form to the applicant.

Part A – Completion of Education Requirement:

The applicant named below completed a master of social work program that was, at the time the degree requirements were met, either:

- Registered as licensure-qualifying by the New York State Education Department,
AND/OR
- Accredited by the Council on Social Work Education (CSWE).

It is certified that _____:
(Name of applicant – See Section I, item 5)

completed the program on ____ / ____ / ____ and was awarded the degree of _____
mo. day yr. (Title of degree)
on ____ / ____ / ____
mo. day yr.

OR

on ____ / ____ / ____ this institution determined that the above-named student met all requirements for the degree and the institution has agreed to award the degree of _____.
(Title of degree)

Part B – PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT OR ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE) 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: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.
- (2) Did the applicant complete a field practicum of at least 900 clock hours? Yes No If "No", number of clock hours completed: _____
- (3) Degree conferred: _____
- (4) Date degree 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: _____

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 _____

(INSTITUTION SEAL)

Telephone number _____ 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.