



**SECTION II: CERTIFICATION OF PREPROFESSIONAL COLLEGE/UNIVERSITY EDUCATION**

**INSTRUCTIONS TO SCHOOL:** Please complete this section of the form, sign the certifying statement, attach an official transcript, and send directly to the Office of the Professions at the address at the end of the form. The official transcript must bear the original signature of the registrar and the original seal of the school. THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT.

1. Name of applicant: \_\_\_\_\_  
(See number 5 on page 1)

2. Preprofessional School:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

3. Please list the number of years of education required for admission to your school: \_\_\_\_\_

4. What was the credential/diploma submitted by the applicant named above for admission to your school? \_\_\_\_\_

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

Entrance date: \_\_\_\_\_ Completion/Withdrawal date: \_\_\_\_\_

6. Degree/Diploma conferred: \_\_\_\_\_ Date of conferral: \_\_\_\_\_

7. **FOR U.S. INSTITUTIONS ONLY:** At the time of this student's enrollment, was your school regionally accredited?  YES  NO

8. **FOR INSTITUTIONS OUTSIDE THE U.S.:** At the time of this student's enrollment, was your school accredited by a government agency?  YES  NO

If Yes, what agency? \_\_\_\_\_

**IMPORTANT: ATTACH OFFICIAL TRANSCRIPT, MARKSHEETS, OR OTHER RECORD, REPORTED IN CREDIT HOURS, SHOWING COURSES STUDIED BY YEAR AND PASSED (WITH GRADES IF AVAILABLE) OF ALL COURSES TAKEN AT THE SCHOOL.**

**THE OFFICIAL TRANSCRIPT MUST BEAR THE ORIGINAL SIGNATURE OF THE REGISTRAR AND THE ORIGINAL SEAL OF THE SCHOOL.**

**CERTIFICATION BY REGISTRAR**

I certify that the information shown above is true and correct for the individual named in Section I, according to the educational records of this office.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

**OFFICIAL  
COLLEGE  
SEAL**

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