Architect Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Certification of Professional Education

Applicant Instructions

Note: Complete this form **ONLY** if you were educated outside the United States or were licensed in another jurisdiction prior to September 1, 1999. For those licensed after September 1, 1999 transcripts will be included in the IDP record.

1. Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.
2. Send the entire form to the school where you completed your professional education and request that they complete Section II and return this form directly to the Office of the Professions. **This form will not be accepted if submitted by the applicant.** Be sure to include any fee required by the school. Keep a copy for your records.

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 Name As It Appears On Your Application for Licensure (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/diploma was awarded (if different from above):

_____

6 Professional school attended: _____

Dates of attendance from: _____ / _____ / _____ to: _____ / _____ / _____
mo. day yr. mo. day yr.

7 Was degree/certificate/diploma awarded? ☐ **Yes** ☐ **No**

If yes, title: _____ _____ Date _____ / _____ / _____
Field mo. day yr.

8 I request and give my permission to the school listed in item 6 above to provide any information requested, including information requested on this form, to the New York State Education Department at the address at the end of this form.

_____ _____ / _____ / _____
Applicant's Signature mo. day yr.

Section II: Certification of Education

Instructions to Registrar: Please complete this form and sign the certifying statement. Attach an official transcript 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. **This form will not be accepted if returned by the applicant.**

1 Name of applicant: _____

(Section I, item 5)

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

Entrance date: _____ / _____ / _____ (mo. day yr.)

Completion/withdrawal date: _____ / _____ / _____ (mo. day yr.)

Degree awarded: _____ Date awarded: _____ / _____ / _____ (mo. day yr.)

3 Attach transcript, marksheets, or other record showing courses studied by year and passes (with grades if available) of all courses taken at the time.

4 List any courses convalidated or accepted for transfer credit by your school. Give the basis on which these subjects were convalidated and the name of the institution from which credit was transferred.

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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.)

Print or type name _____

Title or official position _____

Institution _____

Address _____

_____

Telephone _____ Fax number _____

E-mail _____

Institution Seal

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