



**Section II: Certification of Professional Education**

**INSTRUCTIONS TO INSTITUTION REGISTRAR:** Complete either Part A or Part B to document the applicant's education. Complete Part C (Certification) and return both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.

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

**Part A – Athletic Training programs registered by the New York State Education Department (NYSED) as licensure qualifying or accredited by the National Athletic Trainers' Association (NATA), by the Commission on Accreditation of Allied Health Programs (CAAHP) or by the Commission on Accreditation of Athletic Training Education (CAATE).**

To be completed only by those schools at which the applicant completed an athletic training program which was either registered by NYSED as licensure qualifying or accredited by NATA, CAAHP or by the CAATE at the time the applicant completed the program.

It is hereby certified that: \_\_\_\_\_

was awarded the degree of \_\_\_\_\_ on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
and the curriculum completed at the time the degree was awarded was registered by the NYSED as licensure qualifying or was accredited in athletic training by the NATA, CAAHP or the CAATE.

The program title was: \_\_\_\_\_.

**Part B – All other programs. 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) Clock hours of athletic training practicum completed by applicant: \_\_\_\_\_

(3) Degree awarded: \_\_\_\_\_

(4) Date degree awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

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

Date of accreditation \_\_\_\_\_  
year

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

\_\_\_\_\_

**PART C – REGISTRAR'S CERTIFICATION**

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

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

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

Title or Official Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

INSTITUTION SEAL

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

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