

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Part A or Part B to document the applicant's education. Sign and date the certification and return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **This form will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 7)

Part A - Clinical Laboratory Program Registered by the New York State Education Department (NYSED) as licensure qualifying: To be completed only by those schools whose clinical laboratory program was, at the time the degree was awarded, registered by the New York State Education Department.

It is certified that the applicant completed the program on _____ and was awarded the degree/diploma/certificate of _____ on the date of _____
(Title of degree/diploma/certificate) _____

Part B - All other programs: An official transcript or marksheet giving courses completed by year and grades and a syllabus on 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. Title of degree/diploma/certificate awarded _____
 3. Date degree/diploma/certificate awarded _____
mo. day yr.
- Name of the accrediting body or official organization that recognizes this program _____
- Date of Accreditation _____
mo. day yr.
- Address of the accrediting body or official organization that recognizes this program _____

Certification

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 _____

Print Name _____

Title or official position _____

Institution _____

Address _____ Seal

Telephone _____ Fax _____

Email _____

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