

Section II: Certification of Education

Instructions to Registrar:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return both pages of this form in an official school envelope with requested documents 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 - Program Registered by the New York State Education Department (NYSED): To be completed only by those schools whose degree program was, at the time the degree was (or will be) awarded, registered by the New York State Education Department.

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

OR

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

Part B - All Other Programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus or description 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. Title of degree: _____
3. Date degree: ____ / ____ / ____
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 - 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: _____ Date: ____ / ____ / ____
mo. day yr.

Title or Official Position: _____

Institution: _____

Address: _____

(SEAL)

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

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.