# Certification of Professional Education

## Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Sign and date item 9.

2. Send the entire form to the institution(s) you attended and ask the registrar to complete the appropriate parts of Section II and forward both pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant.**

3. An official transcript or marksheets are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation.

## Section I: Applicant Information

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<td>Social Security Number</td>
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<td>Birth Date</td>
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### Print Name As It Appears On Your Application for Licensure (Form 1)

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**Mailing Address** (You must notify the Department promptly of any address or name changes.)

| Line 1 |   |   |   |   |   |   |   |
| Line 2 |   |   |   |   |   |   |   |
| Line 3 |   |   |   |   |   |   |   |
| City |   |   |   |   |   |   |   |
| State |   |   |   |   |   |   |   |
| Zip Code |   |   |   |   |   |   |   |

### Print your name as it appears on your degree or advanced certificate.

Name: ____________________________________________

### School attended:

(Title) | (Name) | (city/state or country)

### Name of degree/advanced certificate:

__________________________________________

### Date of degree/advanced certificate: _________ / _________ / _________

**mo. day yr.**

### I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant’s Signature: ________________________________________

_______ / _________ / _________

**mo. day yr.**
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 - Cytotechnologist/Certified Histological Technician Program Registered by the New York State Education Department (NYSED) as licensure qualifying: To be completed only by those schools whose cytotechnologist/certified histological technician 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/advanced certificate of
   __________________________________________________________________________ on the date of _______ / _______ / _______
   (Title of degree/advanced certificate)

OR

☐ on _______ / _______ / _______ this institution determined that the above-named student met all requirements for the
   _______ / _______ / _______ and the institution has agreed to award the degree/advanced certificate of
   __________________________________________________________________________.
   (Title of degree/advanced certificate)

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: ______ / ______ / ______

2. Title of degree/advanced certificate awarded:
   __________________________________________________________________________

3. Date degree/advanced certificate awarded: _______ / _______ / _______

   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: _______ / _______ / _______

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.

Cytotechnologist/Certified Histological Technician Form 2, Page 2 of 2, (Rev. 9/08)