



**Section II: Certification of Education**

**Instructions to the Institution:** Complete either Section A or B, sign and date the certification, and submit this form with an official transcript **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 submitted by the applicant.**

**Section A - High School or Equivalency Diploma (To be completed by the Registrar or Guidance Department)**

It is hereby certified that: \_\_\_\_\_  
(name of applicant)  
was awarded the diploma or equivalency of \_\_\_\_\_ on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

**Section B - Technical Study in Manual or Machine Shorthand Reporting (To be completed by the Registrar)**

It is hereby certified that: \_\_\_\_\_  
(name of applicant)  
was awarded the degree of \_\_\_\_\_ on the date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
Description of the program the applicant completed  
Program title: \_\_\_\_\_  
Date of applicant's admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of completion/withdrawal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the educational record of the applicant named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Print Name: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Institution: \_\_\_\_\_

(SCHOOL SEAL)

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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