CERTIFICATION OF EDUCATION

APPLICANT INSTRUCTIONS

1. Complete Section I. Be sure to sign and date item 10.
2. Forward this form to your high school or secondary school and, if applicable, school where you completed your technical study in manual or machine shorthand reporting. Request that the Registrar attach a certified transcript to this form and return it directly to the Office of the Professions at the address at the bottom of this form. Be sure to include any fee required by the school. Photocopy this form, as necessary. This form will not be accepted if submitted by the applicant.

SECTION I: APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER ____________
   (Leave this blank if you do not have a U.S. Social Security Number)

2. PRINT YOUR FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)
   Last: ____________________________
   First: ____________________________
   Middle: ____________________________

3. MAILING ADDRESS: (You must notify the Department promptly of any address or name changes.)
   Street: ____________________________
   City: ____________________________
   State: ____________________________
   Zip Code: ____________________________
   Province/Country: ____________________________
   If not U.S.: ____________________________

4. Check the appropriate box for transcript being requested:
   - High School or GED
   - Technical Study in Manual or Machine Shorthand Reporting

5. Name of school: ____________________________________________

6. Print name under which degree was awarded or study completed: ____________________________________________

7. Dates of Study: From: _______ / _______ / _______ To: _______ / _______ / _______

8. Was a degree awarded? Yes ☐ No ☐
   If yes, title: ____________________________________________ Date: _______ / _______ / _______

9. I request and give my permission to the school listed in item 6 above to send an official transcript to the New York State Education Department's Office of the Professions.
   ____________________________________________
   Applicant's signature

10. Date

April 2003
SECTION II: CERTIFICATION OF EDUCATION

INSTRUCTIONS TO REGISTRAR: Please complete Section II, attach an official transcript and return this form directly to the Office of the Professions at the address shown below. DO NOT RETURN THIS FORM TO THE APPLICANT.

DEGREE RECIPIENT

It is hereby certified that: ____________________________________________________________ (Name of applicant)

was awarded the degree of ___________________________________________________________ on the date of _____ / _____ / _____.

for technical study in manual or machine shorthand reporting.

DESCRIPTION OF THE PROGRAM THE APPLICANT COMPLETED

(1) Program title: __________________________________________________________________________

(2) Length of program: ______________________________________________________________________

(3) Date of applicant’s admission: _____ / _____ / _____ Date of Completion/Withdrawal: _____ / _____ / _____

(4) Years of education and credential required for admission: _________________________________________

Note: Please attach an official transcript or marksheet giving courses completed by year including grades and a syllabus of the course of studies completed.

CERTIFICATION (To be completed by the Registrar)

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: _____ / _____ / _____

(1) Type or print name: ____________________________________________________________________

(2) Title or official position: __________________________________________________________________

(3) Institution: __________________________________________________________________________

(4) Location: ____________________________________________________________________________

(5) Telephone number: _____________________________________________________________________

(6) Fax number: __________________________________________________________________________

(7) E-mail address: ________________________________________________________________________

RETURN TO: 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.