

SECTION II : CERTIFICATION OF EMPLOYMENT

Instructions to the Employer:

Complete Section II and return this form directly to the Office of the Professions at the address at the end of this form. Be sure to sign and date the attestation.

1. Name of employee: _____

2. Name of employer: _____
Please print

3. Location of office in which he/she was employed:

Address: _____
Street City State Country

4. He/She was employed from _____ to _____
Month Day Year Month Day Year

5. This employment was on a Full-time or Part-time basis.

6. Describe the nature and extent of this employee's duties.

ATTESTATION

I declare and affirm that the statements made in this document are a true, complete and correct record of the applicant's employment history while employed with our organization.

Employer's signature Date _____

Print name

Employer's address

Telephone

Fax

E-mail address

**RETURN DIRECTLY
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.**