

Professional Geology Form 2 Certification of Professional Education

Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. An official transcript or marksheets is required if you completed a program that is not registered by the Department as licensure qualifying at the time your graduation or accredited by an organization acceptable to the Department.

Section I: Applicant Information

- | | | | | |
|---|---------------|-------|-----|------|
| 1. Social Security Number
<i>(Leave this blank if you do not have a U.S. Social Security Number)</i> | 2. Birth Date | Month | Day | Year |
|---|---------------|-------|-----|------|
-
- | | | | | |
|---------------|------|-------|--------|--|
| 3. Print Name | Last | First | Middle | 5. Telephone/Email Address |
| | | | | Daytime Phone |
| | | | | <input type="checkbox"/> Home or <input type="checkbox"/> Business |
- Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**
- | | | |
|--|-----------|-------|
| 4. Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Business
<i>(You must notify the Department within 30 days of any address or name changes)</i> | Area Code | Phone |
| Line 1 | | |
| Line 2 | | |
| Line 3 | | |
| City | | |
| State | ZIP Code | |
| Country/
Province | | |
-
- | | |
|---|--|
| 6. New York State DMV ID Number
(Driver or Non-Driver ID) | |
| <i>(Leave this blank if you do not have a New York State DMV ID Number)</i> | |

7. Name as it appears on your Degree/Diploma/Certificate _____

8. Name of institution attended _____

Address of institution _____

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____ Not yet awarded
mo. yr.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions 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.

Signature _____ Date _____

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Part A and Part B or C as appropriate, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.** For programs not registered by the Department, an official transcript or marksheet must be attached.

Name of the applicant _____
(see Section I, item 7)

Part A - Program Information

Exact degree title: _____

Exact program name: _____

Name of option or concentration, if any: _____

Exact name of department awarding degree: _____

The applicant named above was enrolled in: Day program Evening program Co-op program
at the _____ campus.
Name of location of branch

Entrance Date mo. day yr. Completion Date mo. day yr. Expected Completion Date mo. day yr.

Withdrawal Date mo. day yr. Degree Conferral Date mo. day yr. Check here to indicate no degree was awarded to the applicant named above.

Part B - New York State Licensure-Qualifying Programs: Complete if your program was registered by the New York State Education Department as licensure-qualifying. (Check one)

The applicant named above:

- has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in geological sciences which is currently registered by the New York State Education Department as licensure-qualifying; or
- graduated from a baccalaureate program in geological sciences which was at the time registered by the New York State Education Department as licensure-qualifying.

Part C - All Other Programs, Including all Graduate and Foreign Programs: Complete This Section.

Official school transcript or marksheet is attached.

Certification - To be completed by the Registrar

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar _____

Date _____

Print Name _____

Title or official position _____

Institution _____

Address _____

Seal

Telephone _____ Fax _____

Email _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.