



## SECTION II: CERTIFICATION OF PROFESSIONAL EDUCATION

**INSTRUCTIONS TO INSTITUTION:** Please complete Section II, sign and date the certification and return this form **directly** to the Office of the Professions at the address at the end of this form. This form will not be accepted if incomplete or if returned by the applicant or any other party.

Please attach official transcripts, marksheets or other record giving courses completed by year and grades. **The transcripts must have the original signature of the registrar or designated official and original seal of the institution.**

1. Name of applicant: \_\_\_\_\_  
(See Section I, item 5)
2. Institution
  - (a) Name: \_\_\_\_\_
  - (b) Address: \_\_\_\_\_  
(Street) (City) (State) (Country)
3. Name of program: \_\_\_\_\_ Length of program: \_\_\_\_\_
4. Years of education and credential required for admission: \_\_\_\_\_
5. Date of applicant's admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date applicant completed your program \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.
6. Date certificate or degree was awarded or conferred upon the applicant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.
7. Title of credential awarded: \_\_\_\_\_

### CERTIFICATION

**NOTE: CERTIFICATION IS NOT ACCEPTABLE UNLESS DATED AND SUBMITTED AFTER THE APPLICANT'S GRADUATION.**

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

Signature of Registrar or designee \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type or print name \_\_\_\_\_

Title \_\_\_\_\_

**(INSTITUTION SEAL)**

Name of institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**RETURN DIRECTLY TO:** 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Specialist Assistant Unit, 89 Washington Avenue, Albany, New York, 12234-1000.