

SECTION II: CERTIFICATION OF EXPERIENCE

INSTRUCTIONS TO SUPERVISOR: Please complete Section II, sign and date the certification in the presence of a Notary Public 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.

1. Name of applicant _____
2. Dates you supervised applicant
Beginning date _____ / _____ / _____ Ending date _____ / _____ / _____
3. Duties of applicant (attach additional sheets if needed)

CERTIFICATION

I certify that to the best of my knowledge and belief the information in items 5-9 of Section I and Section II are true statements of the experience record of the individual named on this form.

Signature of supervisor _____ Date _____ / _____ / _____

Type or print name _____

License number _____ Jurisdiction licensed in _____

Address _____

Telephone _____ Fax _____

E-mail address _____

NOTARY CERTIFICATION OF IDENTIFICATION (Certification by Notary Public is Required.)

State of _____ County of _____

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, _____.

Notary Public signature _____

Notary ID number _____ Expiration date _____ / _____ / _____
Month Day Year

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.