

Section II: Certification of Graduate Study

Instructions to the Registrar: Please complete Section II before sending both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. **This form will not be accepted if submitted by the applicant or any other party.**

Name of applicant: _____
(Section I, item 5)

Master's or Higher Degree Program

Completed the program on ____ / ____ / ____ and was awarded the degree of _____
mo. day yr. (Title of degree)

on the date of ____ / ____ / ____.
mo. day yr.

Name of accrediting body or official organization that recognizes this program: _____

Date of Accreditation: _____
Year

Address of accrediting body or official organization that recognizes this program: _____

Certification

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: ____ / ____ / ____
mo. day yr.

Print or Type Name: _____

Title or official position: _____

Institution: _____

Address: _____ (INSTITUTION SEAL)

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____

E-mail Address: _____

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