

# Psychoanalyst Form 2A

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
www.op.nysed.gov

## Certification of Graduate Study

### Applicant Instructions

- Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
- Send the entire form to the institution where you completed your graduate studies and ask the Registrar to complete the appropriate parts of Section II and forward both pages of the form directly to the Office of the Professions at the address at the end of the form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant.**
- An official transcript or marksheets are required if you completed a program that is not registered by the Department as licensure qualifying.

### Section I: Applicant Information

**1** Social Security Number **2** Birth Date Month  Day  Year   
*(Leave this blank if you do not have a U.S. Social Security Number)*

**3** Print Name as It Appears on Your Application for Licensure (Form 1)

Last   
First   
Middle

**4** Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1   
Line 2   
Line 3   
City   
State  Zip Code   
Country/Province

**5** Print your name as it appears on your degree.

Name: \_\_\_\_\_

**6** School attended: \_\_\_\_\_  
*(Name)* *(city/state or country)*

**7** Name of degree: \_\_\_\_\_

**8** Date degree awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**9** I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department 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 for licensure.

Applicant's Signature \_\_\_\_\_ mo. / day / yr.

**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.**