



**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.**