

# Clinical Nurse Specialist Form 2 Certification of Professional Education

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](http://www.op.nysed.gov)

## Applicant Instructions

1. Complete Section I. In item 4, enter your name exactly as it appears on your Application for a Clinical Nurse Specialist Certificate (Form 1). Be sure to sign and date item 11.
2. Send the entire form to the institution(s) you attended. Ask the registrar to complete Section II and forward both pages of the form in an official school envelope directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant or any party other than the school official.**
3. You must submit a separate Form 2 for each specialty area in which you are requesting a certificate.

## 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. New York State Registered Professional Nurse License Number \_\_\_\_\_

4. Print Your Name Exactly As It Appears On Your Application for a Clinical Nurse Specialist Certificate (Form 1)

Last

First

Middle

5. 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

6. Print your name as it appears on your degree or diploma  
\_\_\_\_\_

7. School attended \_\_\_\_\_ (Name) \_\_\_\_\_ (city/state or country)

8. Name of degree/diploma \_\_\_\_\_

9. Specialty area for which you are applying

Adult Health       Oncology       Pediatrics       Psychiatry

10. Date degree/diploma awarded         mo.         day         yr.

11. I request and give my permission to the school listed in item 7 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 a certificate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section II - Verification of Clinical Nurse Specialist Program**

**Instructions to Registrar:** Please complete Section II and return both pages of this form **along with an official school transcript**, directly to the New York State Education Department at the address at the end of this form. **This form will not be accepted if returned by the applicant or any other party.**

**Note:** If the applicant has completed more than one program, a Form 2 must be submitted for each program.

- a. It is hereby verified that \_\_\_\_\_  
*(see Section I, item 6)*
- has completed a program qualifying for certified nurse specialist and the degree/diploma listed below has been awarded. The official program title completed by the applicant is as follows:
- Official program title \_\_\_\_\_
- b. The program contained \_\_\_\_\_ hours of classroom instruction and \_\_\_\_\_ hours of preceptorship with a clinical nurse specialist or physician.
- c. Degree/diploma awarded \_\_\_\_\_ date \_\_\_\_\_  
mo. day yr.

**Certification - To be completed by the Registrar**

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

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

Institution Seal

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Clinical Nurse Specialist Unit, 89 Washington Avenue, Albany, NY 12234-1000. **OR, Submit this form to the Department by E-mail at [DPLSEduc@nysed.gov](mailto:DPLSEduc@nysed.gov).**