

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

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 practitioner 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

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 _____

Title or official position _____

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.