

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.