

Clinical Nurse Specialist Form 3

Verification of Other Professional Licensure/Certification

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

Complete this form if you hold a license or certificate to practice as a clinical nurse specialist in any other state or another country

Applicant Instructions

1. Complete Section I. In item 3, 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 7.
2. Send the entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all professional licenses/certificates you ever held except those issued by the New York State Education Department. **This form will not be accepted if submitted by the applicant.**

Section I - Applicant Information

1. Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)
2. Birth Date Month Day Year
3. Print Your Name Exactly As It Appears On Your Application for a Clinical Nurse Specialist Certificate (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. Name of licensing/certifying authority to which this form is being sent

6. If you were issued a license/certificate by this licensing/certifying authority, print your name as it appears on your license/certificate
Print name _____
Professional title on license/certificate issued _____
7. I request and give my permission to the national certifying organization 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 a certificate.

Applicant's Signature

Date

Section II - Verification of Other Professional Licensure/Certification

Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of the applicant _____
(see Section I, item 6)

2. Professional title on license/certificate _____
License/certificate number _____ Date of licensure/certification _____
mo. day yr.

3. Verification of licensure/certification
What requirements did the applicant meet to become licensed/certified in your jurisdiction?
Education: Degree _____
Examination: Examination Title _____ Date _____ Score _____
mo. day yr.
Experience: None _____ hours Describe (i.e., clock hours) _____
Endorsement of license form or reciprocity with _____
(name of jurisdiction)

4. A. Has the applicant identified in Section I been subject to any disciplinary action? Yes No
B. Are disciplinary charges pending against this license? Yes No

If the answer to either A or B is "yes", please attach a complete explanation with any supporting documentation.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature _____ Date _____
Print Name _____
Title _____
Licensing/certifying authority _____
Address _____ 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.