

SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO REGISTRAR: Please complete and return both pages of this form in an official school envelope **directly** to the Office of the Professions at the address below. This form **will not be accepted if returned by the applicant**. This form should not be completed by schools located **OUTSIDE OF THE UNITED STATES** or its territories.

(1) Name of applicant _____
(see Section I, item 5)

(2) Nursing school name: _____

Address: _____
(Street)

(City) (State) (Zip Code) (Country)

(3) Is this program located in the United States or its territories? (check one) Yes No

If no, do not use this form. If Yes, complete the remainder of this form.

(4) Date on which faculty approved the awarding of the degree or diploma or date degree awarded: ____ / ____ / ____
mo. day yr.

(5) This program was approved as preparing for licensure as a Registered Professional Nurse or Licensed Practical Nurse by:

(Name of state or U.S. territory)

(6) Type of program: Baccalaureate Diploma Associate Other _____

(7) Title of degree awarded: _____

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 ____ / ____ / ____
mo. day yr.

Print Name _____

Title or official position _____

Institution _____

INSTITUTION SEAL

Address _____

Telephone _____ Fax _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000.