Nurse 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. Use this form **ONLY if your nursing school is located inside the United States or its territories; or, your earned a BN, BSN or BScN degree from a University located in a Canadian province (except Quebec) after January 1, 2015.** (See Verifying Education Credentials from Non-U.S. Programs under Education Requirements.)
2. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
3. Have the school you attended that made you eligible to take the NCLEX examination complete the appropriate parts of Section II. **If you graduated from a New York State licensure qualifying nursing education program after April 1, 1998, you do not need to submit this form.** Be sure to include any fee required by the school. The registrar must return the entire form in an official school envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by you.

Section I - Applicant Information

1. Check what you are applying for ☐ Registered Professional Nurse ☐ Licensed Practical Nurse

2. Social Security Number ☐☐☐☐☐☐☐☐☐ 3. Birth Date Month ☐☐ Day ☐☐ Year ☐☐☐☐

(Leave this blank if you do not have a U.S. Social Security Number)

4. Print Your Name Exactly As It Appears On Your Application for Licensure (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. Name as it appears on your degree or diploma _____

7. Secondary institution attended _____

8. Nursing school attended _____

Address _____

Dates of attendance from ___ ___ ___ (mo. day yr.) to ___ ___ ___ (mo. day yr.)

National council of State Boards for Nursing (NCSBN) Canadian Program Code (if applicable) _____

9. I request and give my permission to the school listed in item 8 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 licensure.

_____ _____
Applicant's Signature Date

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 ONLY be completed by schools located **INSIDE OF THE UNITED STATES** or its territories; **or, if your school is located in a Canadian province (except Quebec) and conferred a BN, BSN or BScN degree to the applicant after January 1, 2015**.

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

2. Nursing School name _____

Address _____
(Street)

_____ _____ _____ _____
City *(State/Province)* *(ZIP Code)* *(Country)*

3. Is this program located In the United States or its territories or a Canadian province other than Quebec? ☐ Yes ☐ No
If no, do not use this form. If yes, complete the remainder of this form.

4. Dates on which the 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, U.S. territory or Canadian Province)

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

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, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000, U.S.A..

Reset Form