

Ophthalmic Dispensing Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CERTIFICATION OF PROFESSIONAL EDUCATION IN OPHTHALMIC DISPENSING

APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 7.
2. Send this form to the institution(s) you attended for completion of Section II and the certification. **Be sure to include any fee required by the institution.** A separate Form 2 should be submitted for each professional educational program you attended.
3. This form must be signed by the registrar of the institution and returned directly in a sealed school envelope to the Office of the Professions at the address at the end of the form.

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 Licensure Application (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 Print name under which degree was awarded: _____

6 Title of degree: _____ Date degree was awarded: _____ / _____ / _____
mo. day yr.

Professional school attended: _____

7 I request and give my permission to the institution listed in item 6 above to complete the information on this form and send any documentation requested, including that requested on this form (e.g. an official transcript), to the New York State Education Department.

Applicant's signature: _____ Date: _____ / _____ / _____
mo. day yr.

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTIONS TO INSTITUTION: Please complete: 1. Either Part A **or** Part B as appropriate; AND
2. Part C

Please sign and date the certification and return this form directly to the Office of the Professions at the address shown below. **DO NOT RETURN THIS FORM TO THE APPLICANT.**

PART A – REGISTERED/ACCREDITED PROGRAMS

To be completed by those schools whose ophthalmic dispensing program is, or was at time the degree was awarded:

- Registered by the New York State Education Department as licensure qualifying,
OR
- Accredited by the Commission on Opticianry Accreditation (COA).

It is hereby certified that: _____
(Name of applicant)

has satisfactorily completed all requirements for the degree of _____
(Title of degree)

whether or not the diploma has actually been awarded. Date all requirements for degree were met ____ / ____ / ____.
mo. day yr.

PART B – NON-APPROVED PROGRAMS

NOTE: Please attach an official transcript (with dates of attendance, courses completed and grades), a syllabus of the course of study (if not previously submitted), and a list of clinical education completed (including required length).

To be completed by those schools whose ophthalmic dispensing program **is not, or was not**, at time the degree was awarded:

- Registered by the New York State Education Department as licensure qualifying,
OR
- Accredited by the Commission on Opticianry Accreditation (COA).

It is hereby certified that: _____
(Name of applicant)

was awarded the degree of _____ on the date of ____ / ____ / ____
(Title of degree) mo. day yr.

Date all requirements for degree were met ____ / ____ / ____.
mo. day yr.

PART C - CERTIFICATION: Note: Certification is not acceptable unless dated and submitted after the applicant's graduation.

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the education record of the individual named on this form.

Signature of Registrar or designee: _____ Date ____ / ____ / ____
mo. day yr.

Type or print name: _____

Title or official position: _____

(INSTITUTION SEAL)

Institution: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

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