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# PROFESSIONAL ENGINEER LICENSING APPLICATION PACKET

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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

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**June 2004**

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## FORMS

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FORM 4A	-	Verification of Professional Experience
FORM 5	-	Notification of Intent to Practice Professional Engineering Under Section 7208(b) of Education Law

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### Additional Forms

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FORM AD/NAME	-	Address/Name Change Form
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### **FOR FUTURE REFERENCE**

**IN THE EVENT OF AN EMERGENCY** that impacts the licensed professions, the Office of the Professions will provide **important information**, specific to the situation, through our **Web site** ([www.op.nysed.gov](http://www.op.nysed.gov)), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).

## WAYS TO REACH US...



### ⇒ GENERAL CUSTOMER SERVICE

The Office of the Professions has an automated customer service system that allows callers **to verify licenses, request information, and hear automated messages 24 hours a day**. The number is 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

### ⇒ ON THE WORLD WIDE WEB

Information about the Office of the Professions and the 44 licensed professions, including information on all licensees, is available on our home page at:

**[www.op.nysed.gov](http://www.op.nysed.gov)**

### ⇒ LICENSE APPLICATION STATUS

Find out **the status of your license** application by checking our Web site where your name is added immediately when a license number is issued, or contact:

NYS Education Department, Office of the Professions, Division of Professional Licensing Services

**Professional Engineering Unit**, 89 Washington Avenue, Albany, NY 12234-1000

PHONE: 518-474-3817 ext. 250 FAX: 518-402-5354 E-MAIL: [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov)

Please include your name, social security number, date of birth, and the name of the profession.

### ⇒ VERIFICATION OF EDUCATION CREDENTIALS FROM FOREIGN OR NON-APPROVED PROGRAMS

If you have questions about acceptable documentation to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, **Bureau of Comparative Education**

89 Washington Avenue, Albany, New York 12234-1000

PHONE: 518-474-3817 ext. 300 FAX: 518-486-2966 E-MAIL: [comped@mail.nysed.gov](mailto:comped@mail.nysed.gov)

### ⇒ PRACTICE ISSUES

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions, **State Board for Engineering and Land Surveying**

89 Washington Avenue

Albany, NY 12234-1000

PHONE: 518-474-3817 ext.140 FAX: 518-473-6282 E-MAIL: [enginbd@mail.nysed.gov](mailto:enginbd@mail.nysed.gov)

## OTHER IMPORTANT CONTACT INFORMATION ...

### LICENSING EXAMINATION

Licensing examinations for Professional Engineering are administered by an independent examination vendor. Once your application for licensure has been reviewed and you are found eligible for examination, you will be sent an examination scheduling form. This includes the filing deadline dates and the fee. If you have any questions about eligibility for the licensing examination, you may call the Professional Engineering Unit or the State Board for Engineering and Land Surveying.

# GENERAL LICENSING INFORMATION

**Please read this general licensing information before proceeding to the detailed instructions for your profession.**

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## INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

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## LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at [www.op.nysed.gov](http://www.op.nysed.gov) or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you a renewal application to the name and address we have on file (see the "Address or Name Changes" section on next page), at least four months before your registration expires.

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## VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. You are responsible for asking organizations to complete and directly submit to us the documentation you need. Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE: Forms and transcripts sent from the originating institution to the Department must be enclosed in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.**

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## ADDRESS OR NAME CHANGES

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

**For address changes** you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 250  
TDD/TTY 518-473-1426

FAX: 518-402-5354

E-mail: [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov)

**For name changes** a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions  
Division of Professional Licensing Services  
Professional Engineering Unit  
89 Washington Avenue  
Albany, NY 12234-1000

**NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license.** You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at [www.op.nysed.gov/anchange.pdf](http://www.op.nysed.gov/anchange.pdf) to notify the Department of a change in your address or name.

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## PROFESSIONAL CONDUCT

All licensed practitioners must adhere to Rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of that specific profession.

Title 8 of the NYS Education Law is available on the Web at [www.op.nysed.gov/title8.htm](http://www.op.nysed.gov/title8.htm)

Part 29 of the Rules of the Board of Regents is available at [www.op.nysed.gov/part29.htm](http://www.op.nysed.gov/part29.htm)

Copies of the relevant sections of the NYS Education Law, Rules of the Board of Regents, and the Commissioner's Regulations are available upon request from [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or 518-474-3817 ext. 320.

You will receive more information on professional practice when you receive your license and first registration.

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## **RECORDS RETENTION AND DISPOSITION STATEMENT**

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

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## **DISCLOSURE OF SOCIAL SECURITY NUMBERS**

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

For additional information see: [www.oft.state.ny.us/policy/tp\\_974.htm](http://www.oft.state.ny.us/policy/tp_974.htm)

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# APPLYING FOR A LICENSE AS A PROFESSIONAL ENGINEER

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## GENERAL REQUIREMENTS

Any use of the title "Professional Engineer" or provision of professional engineering services within New York State requires licensure, except in certain "exempt" settings. These settings are detailed in Section 7208 of the Education Law.

**To be licensed as a professional engineer in New York State you must:**

- be of good moral character;
- be at least 21 years of age;
- meet education, examination and experience requirements; and
- be a United States citizen or an alien lawfully admitted for permanent residence in the United States (USCIS I-551 Status/"Green Card").

Submit an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 145, section 7206 of New York's Education Law and Part 68 of the Commissioner's Regulations. Title 8 of the NYS Education Law is available on the Web at: [www.op.nysed.gov/pe.htm](http://www.op.nysed.gov/pe.htm). Copies of the relevant sections of NYS Education Law and the Commissioner's Regulations are available upon request from [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or 518-474-3817 ext. 320.

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## FEES (Fees listed are those in effect at the time this application was printed.)

The fee for licensure is \$377.

The fee to apply for eligibility for admission to Part A of the examination as a New York candidate is \$70. When the Department determines you are eligible for the examination, you will be sent an examination scheduling form and will need to pay an additional fee to take the examination.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure and First Registration (Form 1).**

**PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

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## PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Professional Engineering Unit at [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov) or by calling 518-474-3817 ext. 250 or by fax at 518-402-5354.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure and registration fees and meet the licensure requirements in place at the time you reapply.

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## EDUCATION AND EXPERIENCE REQUIREMENTS

To become licensed as a professional engineer in New York State you must complete a combination of education and experience for which years of credit are awarded. The credit awarded for your education determines the required number of years of experience you need:

- A total of 6 years of credit is required for admission to the Fundamentals of Engineering examination (Part A).
- A total of 12 years of credit is required for admission to the Principles and Practice examination (Part B) for licensure.

A chart is provided on the next page to help you determine your eligibility and the number of years of experience you need to take Part A or Part B of the examination.

Experience acceptable for licensure must be of a scope and nature satisfactory to the Department and must be appropriately verified by the Department. The experience must:

- (a) demonstrate the intensive application of engineering principles in the practical solution of engineering problems;
- (b) demonstrate a knowledge of engineering mathematics, physical and applied sciences, properties of materials, and the fundamental principles of engineering design;
- (c) be broad in scope;
- (d) develop and mature the applicant's engineering knowledge and judgment; and
- (e) include at least two years of experience working on projects requiring knowledge and use of codes and practices commonly used in the United States.

All the experience you wish to have evaluated must be described on Form 4 and Form 4A and should be accounted for chronologically. **Experience descriptions must include specific duties you personally performed, the complexity of the work, and make clear the extent of your responsibility for the work.**

Please list your experience in a comprehensive, detailed, and explicit manner. The Department will consider only experience that you have completed by the date the application is signed and which is submitted on the forms 4 and 4A. The quality of the experience, not merely the calendar time, will be evaluated. Time claimed on the forms cannot exceed actual calendar time.

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# EDUCATION/EXPERIENCE CREDIT TOWARD NEW YORK STATE LICENSURE IN PROFESSIONAL ENGINEERING (Displaying Thresholds Required for Admission to Examinations and for Licensure)

**Instructions:**

1. Begin by finding the column that reflects the highest degree you have earned, your field of study, and the organization that accredited the engineering program from which you graduated.
2. Reading upward, identify the combination of education and experience you need to complete in order to take the licensing exam:
  - A total of 12 years education/experience credit is required for admission to the Principles and Practices examination and for licensure.
  - 6 years of education/experience credit is required for admission to the Fundamentals of Engineering examination.

The height of the darker shaded bar in the chart reflects the maximum credit allowed for your education. The lighter shaded bar reflects minimum years of acceptable experience credit you are required to complete based on engineer work experience. Education credit may not be earned from more than one academic program, except that a graduate degree(s) in engineering may be credited as one year of education credit in addition to any credit earned for undergraduate study. For example, if you have a bachelor's degree in engineering from an ABET-accredited program, you will need 4 additional years of experience to qualify to take the Principles of Practice examination and complete your application for licensure in New York State.

Education/ Experience Credit	12 years of credit required for admission to the Principles and Practice examination for licensure																	
	ABET-Accredited						Non-ABET Accredited											
12 Years -																		
11 Years -																		
10 Years -																		
9 Years -																		
8 Years -																		
7 Years -																		
6 Years -																		
5 Years -																		
4 Years -																		
3 Years -																		
2 Years -																		
1 Year -																		
HIGHEST DEGREE	Bachelor	Bachelor	Associate	Associate	Associate	Associate	Bachelor	Bachelor	Bachelor	Bachelor	Associate	Associate	Bachelor	Bachelor	Associate	Associate	None	None
FIELD OF STUDY	Engineering	Engineering Technology	Engineering	Technology	Architecture	Science Related to Engineering	Engineering Science/Pre-Eng. Equivalent	Technology	Not Directly related to Engineering	No College Study	No College Study							
ACCREDITATION	ABET/EAC	ABET/TAC	ABET	ABET	ABET	ABET	Regional	Regional	Regional	Regional	Regional	Regional	Regional	Regional	Regional	Regional	Regional	N/A

Educational credit based in education

Engineering work experience credit needed

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## EXAMINATION REQUIREMENTS

To be licensed as a professional engineer in New York State, you must pass:

- Part A, the Fundamentals of Engineering examination, and
- Part B, the Principles and Practice of Engineering examination.

Examinations are developed by the National Council of Examiners for Engineering and Surveying (NCEES) and administered by Castle Worldwide Inc.

After your education and experience has been approved by the Department, you will be eligible for the examination(s). At that time, you will be sent an examination scheduling form to register for the exam(s). This will include information about exam fees.

Examinations are administered twice a year, in April and October, at various sites throughout New York State.

If you would like to take  
the exam in:

April  
October

Your complete application must be postmarked by:

November 1 of the previous year  
May 1 of the same year

**Your application, including all supporting documents, must be postmarked by the filing deadlines. There are no exceptions.**

### **Reasonable Accommodations**

#### Individuals with Disabilities

After your application materials have been reviewed by the Department, if you are determined to be qualified to take the licensure examination, you will be sent an examination scheduling form. Please complete the form and attach a letter from an appropriate health care provider who has diagnosed and/or treated you, indicating the nature and extent of the disability, the proposed accommodations, the rationale behind the reasonable accommodations, and, if applicable, the types of accommodations made for you in the past. (**Note: Your evaluation should be no more than three years prior to the examination date.**) For more information regarding reasonable accommodations, request the Office of the Professions Reasonable Accommodations pamphlet by calling 518-474-3817, TDD/TTY 518-473-1426. You may also fax a message 24 hours a day to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov). Send your exam scheduling form and the letter to the examination vendor at the address indicated on the exam scheduling form.

#### Sabbath Observers

If you would normally observe the Sabbath on the scheduled date of the examination and, therefore, will need alternative testing accommodations, attach a letter from clergy in support of your request to the exam scheduling form sent to you.

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**APPLICANTS LICENSED IN ANOTHER STATE (ENDORSEMENT)**

You may be eligible for licensure in New York State if you:

- meet all requirements for licensure in New York State, except having completed the examination, and
- have been issued a license or a certificate to practice professional engineering upon written examination by a board of examiners in another state or political subdivision of the United States.

The examination for the license or certificate must be equivalent to the examination required in this state at the time it was issued.

You must submit full documentation of compliance with all other New York State licensure requirements including professional education and satisfactory professional experience, among other requirements, as part of your application for licensure by endorsement.

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# ENGINEERING SUMMARY OF REQUIREMENTS “AT A GLANCE”

Required Forms And Fees	Path to Licensure or Practice				
	For Admission to Part A of Examination	For Admission to Part B of Examination	For Admission to Part A & Part B of Examination	Licensure by Endorsement	
				WITH NCEES record	WITHOUT NCEES RECORD
FORM 1 and fee (see fee information on page 5)	√	√	√	√1	√
FORM 2	√	√	√		√
FORM 3		√2			√
FORM 4	√3	√	√		√
FORM 4A	√4	√	√		√

**Notes**

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- 1 Please provide specific information as requested. Do **not** use the phrase “refer to NCEES record.”
  - 2 To document completion of Part A of the examination.
  - 3 If experience is required.
  - 4 If experience is required.

# COMPLETING THE APPLICATION FORMS

*For licensure as a Professional Engineer*

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## INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink.

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### FORM 1 - APPLICATION FOR LICENSURE & FIRST REGISTRATION

**All applicants for licensure** must complete this form and submit it with the appropriate fee directly to the Office of the Professions at the mailing address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.** You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.** Upon receipt of your completed application, we will send you an acknowledgement letter.

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### FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

**This form must be submitted directly by the educational institution. The Office of the Professions will not accept this form if submitted by the applicant.**

Section I: Complete this section and be sure to sign and date item 9.

Section II: Send this to the educational institution(s) you attended and ask that they return it directly to the Office of the Professions.

**Please note:** If you attended or graduated from a program that is NOT ABET-accredited and/or if you attended a graduate program, ask your school to attach an official transcript or marksheet.

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### FORM 3 - VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION

**This form must be submitted directly by the licensing authority.**

Use this form to verify that you passed the Fundamentals of Engineering Examination and/or the Principles and Practice of Engineering examination in another jurisdiction or to verify licensure and current registration in another jurisdiction.

Section I: Complete this section and be sure to sign and date item 8.

Section II: Send this to the jurisdiction(s) in which you are licensed or wish to have examination grades transferred from and ask that they complete this section and return the form directly to the Office of the Professions.

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### FORM 4 - REPORT OF PROFESSIONAL EXPERIENCE

**FORM 4A - VERIFICATION OF PROFESSIONAL EXPERIENCE** (These forms may be copied.)

See the detailed instructions for completing these forms in Instructions for Completing Professional Experience Forms (Form 4/4A Instructions) to document your engineering experience.

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**FORM 5 - NOTIFICATION OF INTENT TO PRACTICE PROFESSIONAL ENGINEERING  
ENDORSEMENT APPLICANTS ONLY**

**Use this form only if you wish to engage in interim practice while your application for licensure is being reviewed and you:**

- are not a resident of New York State, or
- have no established place of practice in this State, or
- are a resident of this State, but have arrived only within the past six months

You must have filed an application for licensure as a professional engineer in New York and must be legally qualified to practice in the state or country in which you currently reside or have a place of practice, or in your previous residence or place of practice. Interim practice will only be approved for a limited time to allow the Department time to review your application for licensure. If you are approved to practice for an interim period, you will not be allowed to claim or in any way state that you are providing services as a professional engineer licensed in New York State.

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**Completing Additional Forms**

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**FORM AD/NAME – ADDRESS/NAME CHANGE FORM**

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.



**TO SPEED PROCESSING OF YOUR APPLICATION:**

- **Submit your *application and fee* for licensure and related forms in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more. Please note the examination deadlines on page 8.**
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.



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In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** Please print. Attach additional sheets if necessary.

A. NAME OF SCHOOLS ATTENDED AND LOCATIONS	B. NUMBER OF YEARS ATTENDED	C. ATTENDANCE		D. TITLE OF DIPLOMA OR DEGREE OBTAINED*
		Entrance Date	Leaving Date	
<p><i>Elementary or Primary School (Complete if educated outside the United States)</i></p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>_____ / _____</p> <p>mo yr</p>	<p>_____ / _____</p> <p>mo yr</p>	D
<p><i>High School or Secondary School (Complete if educated outside the United States)</i></p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>_____ / _____</p> <p>mo yr</p>	<p>_____ / _____</p> <p>mo yr</p>	D
<p><i>College or University-level School(s)</i></p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>_____ / _____</p> <p>mo yr</p>	<p>_____ / _____</p> <p>mo yr</p>	D
<p>*Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.</p>				Office use only

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Are you requesting a year of experience credit for an approved graduate degree program in engineering?  YES  NO  
(If yes, Form 2 must be submitted with a transcript from your graduate degree program.)

Total

15

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction?  
(If so, list below and attach other pages as needed.)

Profession _____	License Number _____	Jurisdiction _____	Expiration date _____ / _____ / _____
			Mo. Day Yr.
Profession _____	License Number _____	Jurisdiction _____	Expiration date _____ / _____ / _____
			Mo. Day Yr.

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Do you intend to engage in interim practice while your application is under consideration?  
(If yes, you must submit a Form 5)

YES  NO

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Citizenship:  United States  Alien lawfully admitted for permanent residence in the United States  Other immigration status

Citizen of \_\_\_\_\_

(Attach a photocopy of the front and back of your Alien Registration Card)

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### CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A  I am **not** under an obligation to pay child support  
OR

B  I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

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### STUDENT LOAN DISCLOSURE:

The State Education Department is required\* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- (a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?  Yes  No
- (b) If you have such a loan(s), is any part in default?  Yes  No

\*New York State Education Law, section 6501-a

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### GENDER AND ETHNICITY: (This item is optional.)

**Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.**

GENDER:  Male  Female

ETHNICITY:  White (not Hispanic)  Black (not Hispanic)  Asian  Hispanic  Native American

**21 EDUCATION REVIEW**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes     No    Please initial: \_\_\_\_\_

**22 PHOTOGRAPH REQUIREMENT:**

**DO NOT STAPLE**  
  
**ATTACH SECURELY IN  
THIS SPACE A 2" X 2"  
PASSPORT STYLE  
PHOTOGRAPH TAKEN  
WITHIN THE PAST YEAR**

Date of photo: \_\_\_\_\_

**23 AFFIDAVIT WITH ACKNOWLEDGMENT** (Notarization required.)

**APPLICANT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: \_\_\_\_\_

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Notary Stamp

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**



**SECTION II: CERTIFICATION OF EDUCATION FOR ENGINEERING**

**INSTRUCTIONS TO THE REGISTRAR**

Please complete Part A and Part B or C as appropriate, sign the attestation and return this form directly to the Office of the Professions at the address shown below. **This form will not be accepted if returned by the applicant or any other person(s) or agency other than the proper school authority.**

Name of applicant: \_\_\_\_\_

**Part A – Program Information**

Exact title of the degree applicant earned: \_\_\_\_\_

Exact name of the program applicant completed: \_\_\_\_\_

Name of applicant option or concentration, if any: \_\_\_\_\_

Exact name of department awarding degree: \_\_\_\_\_

This student was enrolled in:  Day program  Evening program  Co-op program  
at the \_\_\_\_\_ campus.  
*Name or location of branch*

What date did the student enter the school and what date did the student complete his/her studies or withdraw from school:

Entrance date: \_\_\_\_\_ Completion/withdrawal date: \_\_\_\_\_

What date was the applicant awarded his/her degree: (If no degree awarded, so state) \_\_\_\_\_

What date did the student become eligible for his/her degree award: (If any) \_\_\_\_\_

**Part B – Accredited Programs** – Complete if your program is accredited by the Accreditation Board for Engineering and Technology (ABET) (Check only one box)

The applicant:

- has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in ENGINEERING, which is currently accredited by the Engineering Accreditation Commission of ABET, or
- graduated from a baccalaureate program in ENGINEERING, which was accredited at that time by the Engineering Accreditation Commission of ABET or within one year prior to such accreditation, or which was at the time registered by the New York State Education Department as licensure-qualifying in engineering, or
- graduated from a baccalaureate program in ENGINEERING TECHNOLOGY, which was accredited at that time by the Technology Accreditation Commission of ABET.

**Part C – All Other Programs, including all Graduate and Foreign Programs** – Complete this section.

- Official school transcript or marksheet is attached.

**ATTESTATION**

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the individual named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

INSTITUTION SEAL

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

# Professional Engineering Form 3

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

**NOTE: Licensure or registration in another jurisdiction is not a requirement for licensure in New York.**

## VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION AND/OR EXAMINATION

(Must be filed by all applicants who are or have been licensed in another jurisdiction or want to verify passing parts of the licensing examination in another state)

### APPLICANT INSTRUCTIONS

Complete Section I. Be sure to sign and date item 8.

#### A. Verification of Examination(s) for Licensure

- If you are applying for admission to the Principles and Practice Examination and have passed the Fundamentals Examination in another jurisdiction, send this form to that jurisdiction and request that they complete Section II and forward directly to the address at the end of this form\*.
- If you are applying for licensure on the basis of endorsement of your examination grades, send this form to the jurisdiction(s) where you took and passed the licensing examination(s) and to the jurisdiction where you are currently licensed and registered and ask that they complete Section II and send directly to the address at the end of this form\*.

#### B. Verification of Licensure/Registration for a Limited Permit.

- If you are applying for a Limited Permit, complete Section I and send this form to the jurisdiction where you currently reside and are legally qualified to practice and ask they complete Section II and send directly to the address at the end of this form\*.

\* Be sure to include any fee required by the licensing authority.

### SECTION I: APPLICANT INFORMATION

#### 1 Print Full Name Exactly As It Appears On Your Licensure Application (Form 1)

Last

First

Middle

#### 3 Social Security Number:

--

(Leave this blank if you do not have a U.S. social security number)

#### 2 Mailing Address (You must notify the Department promptly of any address or name changes.)

#### 4 Birth Date

Line 1

Line 2

Line 3

City

State  Zip Code

Country/Province

mo. day yr.

5 I am applying for: (check one)  NYS license  Limited Permit

6 If licensed by examination in the United States, give state or territory: \_\_\_\_\_

7 Print or type your name in the exact form in which the engineering license was issued:  
\_\_\_\_\_

8 To the Engineering State Board of: \_\_\_\_\_

Check Appropriate boxes:

I hereby make application for the transfer of examination grades and related information.

I am a licensed Engineer of your state. License number: \_\_\_\_\_ Date issued: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

I request and give permission to the licensing authority above to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department.

Signature of applicant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

**SECTION II: CERTIFICATION OF LICENSURE/EXAMINATION**

**INSTRUCTIONS TO LICENSING AUTHORITY OFFICIAL:** Complete Section II, sign this form, and mail it directly to the Office of the Professions at the address at the end of this form.

**1**

Print or type the name of the applicant in the exact form in which engineering registration was issued: *(If different from name in Section I)*

\_\_\_\_\_

**2**

Record of Examination.

a. For Fundamentals of Engineering: (Check One)

Written Examination in your state.

Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.

Endorsement of examination taken in another state or territory.

Waiver of written examination based on: (Check all that apply)

Accredited engineering degree.

Oral examination. Hours \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

Demonstrated proficiency in engineering over a period of \_\_\_\_\_ years.

Other (Specify): \_\_\_\_\_

b. For Principles and Practice of Engineering: (Check One)

Written Examination in your state or territory. Discipline: \_\_\_\_\_

Hours \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ NCEES exam?  Yes  No  
mo. day yr.

Endorsement of examination taken in another state or territory State or territory: \_\_\_\_\_

Waiver of written examination based on: (Check all that apply)

Oral examination. Hours \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day yr.

Demonstrated proficiency in engineering over a period of \_\_\_\_\_ years.

Other (Specify): \_\_\_\_\_

**3**

a. If the applicant holds a current license to practice engineering in your state, what is his/her:

License number \_\_\_\_\_ Date issued \_\_\_\_\_ Expiration date of most recent registration \_\_\_\_\_

b. Was there ever any disciplinary action against this license?

YES  NO

If so, please explain \_\_\_\_\_

c. Are any disciplinary charges pending against this license?

YES  NO

If so, please explain \_\_\_\_\_

**4**

**ATTESTATION**

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above or in attached correspondence, 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 to the licensing authority relating to any question of unprofessional or immoral conduct except as noted in question 3 above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

**(LICENSING AUTHORITY SEAL)**

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

# Professional Engineering Form 4/4A Instructions

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

## INSTRUCTIONS FOR COMPLETING PROFESSIONAL EXPERIENCE FORMS

**NOTE: Send these instructions to your endorser with Form 4A. Make a copy for your records.**

These instructions are intended to assist the applicant and the qualified professional who intends to serve as the endorser validating the applicant's professional experience to meet the requirements for licensure as a professional engineer in New York State. If there are any questions about these guidelines, or any other aspect of licensure, please feel free to contact the Office of the Professions, Professional Engineering Unit at [opunit1@mail.nysed.gov](mailto:opunit1@mail.nysed.gov) or call 518-474-3817 ext. 250 or contact the State Board for Engineering and Land Surveying at [enginbd@mail.nysed.gov](mailto:enginbd@mail.nysed.gov) or call 518-474-3817, ext. 140 or write to the State Board for Engineering and Land Surveying, 89 Washington Avenue, Second Floor, Albany, New York 12234-1000.

Both the applicant and the endorser should read and be thoroughly familiar with these instructions. The form used to list professional experience (Form 4) requires a comprehensive listing of all endorsers and places of employment where the applicant gained his/her professional experience as an engineer.

### **Form 4**

You must complete Form 4 and submit it to the State Education Department at the address at the end of the form. Indicate the discipline that most closely relates to the majority of your professional experience being submitted for evaluation. List all experience that you wish to be evaluated for licensure. Your experience must be listed in chronological order beginning with your first employment for which experience is being claimed, and include firm name, name of endorser, beginning and ending dates, and total time claimed for each endorser. Be sure to sign and date the attestation in item No. 6.

Your experience must be endorsed by someone who is familiar with your work and can attest that it has been done as stated and is accurately described. Your endorser should preferably be the person who was your supervisor at the time the work was performed. If this is not possible, a letter documenting the reasons, must be provided with the Form. If you are unable to obtain a supervisor's endorsement, select another person (coworker or client) you worked with who is sufficiently knowledgeable about your work to attest to the accuracy of your experience description.

When an endorsement does not lend credibility to your experience, it may be discounted at the judgement of the Board. A Form 4A that is not endorsed will not receive any credit toward licensure.

### **Form 4A**

Complete Sections I and II and send this form to your endorser to complete Section III. Upon completion, your endorser **must** return the form directly to the State Education Department in a sealed official envelope.

#### Section I

- Complete Form 4A for each endorser listed on Form 4.
- Use a separate Form 4A for each endorser, even if they work for the same company.
- If you worked for the same company more than once, with other employment interrupting that work period, you must use a separate Form for each period you worked for the same company, even if they are to be endorsed by the same person. This is required in order that your experience can be arranged in chronological order.
- For each Form 4A, in item No. 6 you must indicate the duration of your experience with that endorser, whether your experience was full time or part time, and if part time the number of hours worked each week. Time claimed must match that claimed on Form 4 and cannot exceed calendar time. The Department will not process your application, if the time claimed for each endorser on forms 4 and 4A is not consistent.

#### Section II

- Part A should be a concise description of your overall engineering duties. This section should be written in general terms.
- Part B should be a brief description of your level of responsibility for the work performed for the experience being reported for the endorser. You should indicate your title and any title changes resulting from promotions or other job changes during the time period described.
- Part C should contain a detailed description of the engineering work you personally performed during the time period claimed for the endorser. When writing the description of your experience, be specific about your personal engineering contributions to the project and describe your work in sufficient detail to give the Board a sense of the complexity and breadth and depth of your work. To accomplish this, the description of your experience should be broken down into intervals of no more than two years. Please note: the description of your work experience should avoid generalities such as "involved with" or "participated in" and focus on your individual contributions.
- Indicate the duration of your work experience in the "Time" (years/months) column, and complete the totals at the bottom of each page of Form 4A.
- Whether or not your work experience is accepted toward fulfillment of state licensure requirements is determined, in part, by the extent to which the general characteristics of that work conform with the criteria established by the Regulations of the Education Commissioner, in Part 68.2. These can be found on our Web site [www.op.nysed.gov](http://www.op.nysed.gov) or for a print copy of the Commissioner's Regulations, email [opforms@mail.nysed.gov](mailto:opforms@mail.nysed.gov) or call 518-474-3817 ext. 320.





**PROFESSIONAL EXPERIENCE**

The majority of my engineering experience is related to the following discipline (check one):

- Agricultural
- Architectural
- Chemical
- Civil/Sanitary/Structural
- Control Systems
- Electrical
- Environmental
- Fire Prevention
- Industrial
- Manufacturing
- Mechanical
- Metallurgical
- Mining/Mineral
- Naval Architectural/ Marine
- Nuclear
- Petroleum

**EMPLOYMENT**

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. Your application will not be reviewed by the Board until all Form 4A's for employers listed below have been received.

<u>ENDORSER #</u>	<u>FIRM NAME</u>	<u>NAME OF ENDORSER</u>	<u>BEGIN DATE/END DATE</u>	<u>TIME CLAIMED (YRS/MOS)</u>
1	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
2	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
3	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
4	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
5	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
6	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
7	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___
8	_____	_____	Mo. ___ / Day ___ / Yr. ___ to Mo. ___ / Day ___ / Yr. ___	Years ___ / Months ___

(NOTE: Total time claimed cannot exceed calendar time.) TOTAL TIME CLAIMED = \_\_\_ Yrs. \_\_\_ Mos.

Send This Form Directly To: \_\_\_\_\_ →

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



**SECTION II: TO BE COMPLETED BY THE APPLICANT  
(TYPE OR PRINT LEGIBLY).**

Applicant Social Security Number: \_\_\_\_\_

Endorser number   
(From Form 4)

A. Describe your general engineering duties during your employment with this firm for the time period covered by this report.

B. Describe briefly your personal level of responsibility or authority for the work described for this endorser. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

C. Describe in detail the specific engineering work you personally performed on several projects or job assignments that are representative of the work you performed while you were employed by the firm named on this form. Then, indicate at right, the time you spent on these projects or assignments. The total time you claim cannot exceed actual calendar time. Describe your work in sufficient detail. No one time period can exceed two years in duration. In your description you must demonstrate that at least two years of your experience required knowledge and use of codes and practices used in the United States. You must use a separate Form 4A for each individual endorser (even if two or more endorsers work in the same firm). BOTH YOU AND YOUR ENDORSER MUST SIGN FORM 4A..

**TIME  
YRS./MOS.**

Indicate the number of SHEETS for this endorser.  →   
(this is sheet 1)

<b>Total time this sheet</b>		
<b>Total time this Endorser</b>		

Endorser number   
(From Form 4)

**TIME  
YRS./MOS.**

Enter the total time of work experience with this endorser here and on the appropriate endorser line on Form 4.

Total time this sheet		
Total time this Endorser		

**Attestation**

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**SECTION III: TO BE COMPLETED BY ENDORSER** Applicant Social Security Number: \_\_\_\_\_  
(Please Type Or Print Legibly).

Endorser number   
(From Form 4)

**Instructions to the Endorser**

1. Read carefully the information presented by the applicant on this form and any continuation sheets.
2. Provide the requested information below and answer questions 1 - 8.
3. If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do, please identify the applicant by his/her full name and social security number in your letter and indicate that he/she is an applicant for engineering licensure.
4. SIGN THE ENDORSER'S AFFIDAVIT IN SECTION IV. If you do not sign the Affidavit, please explain in a separate letter attached to this form.

Endorser's name: \_\_\_\_\_ Phone number: (    ) \_\_\_\_\_

Current business address: \_\_\_\_\_  
Street City State Zip Code

Are you a professional engineer?  Yes  No

If "Yes": \_\_\_\_\_  
State License No. Date of licensure (mo/day/yr)

**REGARDING THE APPLICANT'S DESCRIPTION OF PROFESSIONAL EXPERIENCE AS DESCRIBED ON THIS FORM:**

1. Do you have in depth knowledge of the applicant's work during the time covered by this endorsement?  Yes  No
2. Does that description accurately reflect the work personally performed by the applicant?  Yes  No
3. Is the time claimed by the applicant for this experience accurate?  Yes  No
4. Was the applicant's work performed in an adequate, reliable, and professional manner?  Yes  No
5. Are/were you the applicant's supervisor during the time period claimed above?  Yes  No
6. If not, please identify your work relationship to the applicant at the time. \_\_\_\_\_
7. Are you attaching a separate letter with additional information about the applicant?  Yes  No
8. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV: ENDORSER'S AFFIDAVIT**

I have read the information presented by the applicant on this form. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and engineering ability and that, except as otherwise noted on the front of this form, or in attached correspondence, the work experience described by the applicant and the time claimed for it, are generally true and accurate.

\_\_\_\_\_  
Endorser's Signature Date

I cannot so certify. Letter of explanation attached

**DO NOT RETURN ORIGINAL TO APPLICANT. Return form directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Engineering Unit, 89 Washington Avenue, Albany, NY 12234-1000





# ADDRESS/NAME CHANGE FORM

## INSTRUCTIONS

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by E-mail: oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, IV and V. **Name changes** require an original notarized signature in your new name and cannot be accepted prior to your official change of name. Sign the Section IV affidavit and have your signature notarized by a notary public. Currently registered licensed professionals will be sent a new registration certificate.
- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

### Section I: Your General Information

1. Name (currently on record): \_\_\_\_\_

2. Social Security Number:       Birth Date: Month   Day   Year

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Note: Changes cannot be accepted until after the effective date.)**

5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: \_\_\_\_\_

I am currently licensed in New York State in the profession(s) of: \_\_\_\_\_ (see list of professions on page 2)

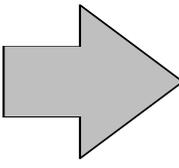
(see list of professions on page 2)

\_\_\_\_\_ New York State license number:

### Section II: Address Change (please print)

Information <u>C</u> urrently On Record	→	New Information
Apt./Bldg. _____		Apt./Bldg. _____
Street _____		Street _____
City _____		City _____
State _____		State _____
Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (if not U.S.) _____		Province or Country (if not U.S.) _____

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. Your new signature must be notarized for any name changes. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently</u> On Record		New Information
Last Name _____		Last Name _____
First Name _____		First Name _____
Middle or Initial _____		Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment.

**Section IV: Affidavit**

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V: For Name Changes Only: Notary Certification And Identification**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

Acupuncturist  
Architect  
Athletic Trainer  
Audiologist  
Certified Clinical Laboratory Technician  
Certified Dental Assistant  
Certified Histological Technician  
Certified Public Accountant  
Certified Shorthand Reporter  
Chiropractor  
Clinical Laboratory Technologist  
Creative Arts Therapist  
Cytotechnologist  
Dental Hygienist  
Dentist  
Dietitian/Nutritionist  
Interior Designer

Landscape Architect  
Land Surveyor  
Licensed Clinical Social Worker  
Licensed Master Social Worker  
Licensed Practical Nurse  
Marriage and Family Therapist  
Massage Therapist  
Medical Physicist  
Mental Health Counselor  
Midwife  
Nurse Practitioner  
Occupational Therapist  
Occupational Therapy Assistant  
Ophthalmic Dispenser  
Optometrist  
Pharmacist  
Physical Therapist

Physical Therapist Assistant  
Physician  
Podiatrist  
Professional Engineer  
Psychoanalyst  
Psychologist  
Public Accountant  
Registered Physician Assistant  
Registered Professional Nurse  
Registered Specialist Assistant  
Respiratory Therapist  
Respiratory Therapy Technician  
Speech-Language Pathologist  
Veterinarian  
Veterinary Technician

**New Applicants**  
**mail to** →

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to** →

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Division of Professional Licensing Services  
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Albany, NY 12234-1000**