

# Professional Engineering 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

### APPLICANT INSTRUCTIONS

1. Complete Section I. Enter your name exactly as it appears on your application (Form 1). Be sure to sign and date item 9.
  2. Send this form to the institution(s) which you attended and ask that they return it directly to the Office of the Professions. Be sure to include any fee required by the school. A separate Certification of Professional Education must be submitted for each educational program you attended.
- Note: If you attended or graduated from a program that's **NOT** ABET accredited and/or if you attended a graduate program, ask your school to attach an official school transcript or marksheet to this form.

### SECTION I: APPLICANT INFORMATION

**1** Social Security Number    -        **2** Birth Date   /   /    
(Leave this blank if do not you have a U.S. Social Security Number) Month Day Year

**3** Print Full Name  
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** If different from above, print the name under which your degree was awarded:  
\_\_\_\_\_

**6** Secondary and/or preprofessional school attended: \_\_\_\_\_  
(Name)

**7** Professional school attended: \_\_\_\_\_  
(Name)  
Month and year of graduation: \_\_\_\_\_  
Degree awarded: \_\_\_\_\_ In: \_\_\_\_\_  
(Title) (Field)

**8** If no degree, month and year of latest attendance: \_\_\_\_\_

**9** I request and give my permission to the institution listed in item 7 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 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.