

Section II: Certification of Professional Education

Instructions to Registrar:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form.
This form will not be accepted if returned by the applicant.

Name of Applicant: _____
(Section I, item 5)

Part A - Complete this part for programs that were, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for authorization to practice as a Perfusionist, or a CAAHEP accredited perfusion program.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.
2. Type of program: Baccalaureate Masters Other (please specify): _____
3. Title of degree/certificate awarded: _____ Date degree/certificate awarded: ____ / ____ / ____
mo. day yr.
4. Name of accrediting organization: _____ Date of accreditation: ____ / ____ / ____
mo. day yr.

Part B - Complete this part for programs that were, at the time the degree requirements were met, NOT registered as licensure-qualifying by the New York State Education Department for authorization to practice as a Perfusionist and not a CAAHEP accredited perfusion program. An official transcript or official marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.
2. Type of program: Baccalaureate Masters Other (please specify): _____
3. Title of degree/certificate awarded: _____
4. Date degree/certificate awarded: ____ / ____ / ____
mo. day yr.

Part C - 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: _____ Date: ____ / ____ / ____
mo. day yr.

Print name: _____

Title or Official Position: _____

Institution: _____

Address: _____

(SEAL)

Telephone: _____ Fax: _____

E-mail Address: _____

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