CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Be sure to enter your name exactly as it appears on your New York State Licensure Application (Form 1) and sign and date the authorization in item #10.

2. Send this form to the Registrar or other designee of the institution you attended and ask them to complete the appropriate parts of Section II of this form. Be sure to include any fee required. The institution completing Section II must return this form with an official transcript directly to the Office of the Professions at the address at the end of this form. It will only be accepted if it is submitted by the institution.

SECTION I: APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER

2. BIRTH DATE

3. PRINT NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)

   Last\_

   First\_

   Middle\_

4. MAILING ADDRESS

   Line 1\_

   Line 2\_

   Line 3\_

   Address of institution attended: ___________________________________________________________________________________

   Print name under which degree was awarded: ____________________________________________________________________________

   Dates of attendance from: ______________ to: ______________

   Name of degree/diploma issued: ____________________________________________________________________________________

   Date awarded: __________ / __________ / __________

   I request and give my permission to the institution listed in item 6 above to attach to this form an official transcript and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure.

   Applicant’s signature: ____________________________

   Date: __________ / __________ / __________

   August 2003

   CERTIFICATION BY INSTITUTION OFFICIAL IS TO BE MADE IN SECTION II
SECTION II: CERTIFICATION OF PROFESSIONAL EDUCATION – TO BE COMPLETED BY THE INSTITUTION OFFICIAL

INSTRUCTIONS TO INSTITUTION OFFICIAL:

1. Complete Part A to document the applicant’s education.
2. Complete Part B to document the applicant’s required internship (if applicable).
3. Complete Part C (certification) and return this form with an official transcript documenting completion of the doctoral program directly to the Office of the Professions at the address at the end of this form. Do not return this form to the applicant.

PART A – PROGRAM COMPLETED:

1. It is certified that _______________________________________________ completed a psychology doctoral program

   in _______________________________________________ that was, at the time the degree requirements were met:
   - registered as licensure qualifying by the New York State Education Department.
   - accredited by the American Psychological Association (APA) at date of graduation.
   - a program not registered by New York State as licensure qualifying or accredited by the APA

2. This program awards the degree of: □ Ph.D. □ Psy.D. □ Ed.D. □ Other ______________________________

3. The applicant named above:
   - met all requirements for the degree including the dissertation on ________ / ________ / ________
   - was awarded the degree on ________ / ________ / ________

4. For programs not registered as licensure qualifying by New York State, please provide the following information:

   Official program title ____________________________________________
   Specialty: _______________________________________________________

   (a) If no, which department offered the degree program?
   _______________________________________________________________

   (b) If no, please explain in a separate attachment the relationship of this program to the psychology department(s) program(s).
   _______________________________________________________________

   (c) Does this program prepare students for the practice of psychology? □ YES □ NO

PART B – REQUIRED INTERNSHIP, FIELD EXPERIENCE or APPLIED RESEARCH (if applicable):

Location of approved internship, field experience or applied research:

Facility name _______________________________________________________________________________________

Address _______________________________________________________

City ___________________________ State __________ Zip code _______________________

Phone __________________________ Fax __________________________ E-mail ________________________________

Dates of approved year-long internship (or equivalent), field experience or applied research: From: _____ / _____ / _____ To _____ / _____ / _____

PART C – CERTIFICATION: This form will not be accepted if the date below precedes the date when the degree was awarded.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar ___________________________ Date _______ / _______ / _______

Type or print name ________________________________________________________________

Institution ________________________________________________________________ (SEAL OF INSTITUTION)

Address ________________________________________________________________

Telephone number __________________________ Fax ___________________________

E-mail ________________________________________________________________

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