

**FORM 2**

**PSYCHOLOGIST**

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

**DEPARTMENT USE ONLY**

(Bureau of Comparative Education)

Approved \_\_\_\_\_

Date \_\_\_\_\_

**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**    -   -

*(Leave this blank if you do not have a U.S. Social Security Number)*

**2 BIRTH DATE**   /   /

*Month Day Year*

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

Last

First

Middle

**5 TELEPHONE/E-MAIL**

HOME    -

*Area code Number*

**4 MAILING ADDRESS**

Line 1

Line 2

Line 3

City

State   Zip Code

Country/Province

WORK    -

*Area code Number*

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

**6** Name and address of institution attended: \_\_\_\_\_  
\_\_\_\_\_

**7** Print name under which degree was awarded: \_\_\_\_\_

**8** Dates of attendance from: \_\_\_\_\_ to: \_\_\_\_\_

**9** Name of degree/diploma issued: \_\_\_\_\_ Date awarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**10** 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Mo. Day Yr.*

**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  
*(Name of applicant-See Section I, item 7)*  
in \_\_\_\_\_ that was, at the time the degree requirements were met:  
*(Specialty area)*  
 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*  
 was awarded the degree on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*
4. For programs not registered as licensure qualifying by New York State, please provide the following information:  
Official program title \_\_\_\_\_ Specialty: \_\_\_\_\_  
Is this doctoral program offered by the university psychology department(s)?  YES  NO  
(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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr. mo. day yr.*

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

Type or print name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

**(SEAL OF INSTITUTION)**

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.**