

Licensed Master Social Worker Form 2 Certification of Professional Education

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
2. Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant.**
3. An official transcript or marksheets are required if you completed as program that is not registered by the Department as licensure qualifying at the time of your graduation.

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 Your Name Exactly As It Appears On Your Application for Licensure (Form 1)

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. Name as it appears on your degree or diploma

6. Institution attended

_____ City, State or Country

7. Name of degree/diploma

8. Date degree/diploma awarded

_____ mo. day yr.

9. I request and give my permission to the institution listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's Signature

Date

Section II - Certification of Professional Education

Instructions to Registrar: Complete Part A or Part B to document the applicant's education. 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 submitted by the applicant.**

Name of the applicant _____
(see Section I, item 5)

Part A - Completion of Education Requirement

The applicant completed a master of social work program that was, at the time the degree requirements were met, either registered as licensure-qualifying by the New York State Education Department and/or accredited by the Council on Social Work Education (CSWE).

It is certified that the applicant:

completed the program on ____ mo. ____ day ____ yr. State Education Department Program Code _____

and was awarded the degree/diploma of: _____ on ____ mo. ____ day ____ yr.
(Title of degree/diploma)

Or

on ____ mo. ____ day ____ yr. the institution determined that the applicant has met all requirements for the degree/diploma and the institution has

agreed to award the degree/diploma of _____
(Title of degree/diploma)

Part B - Please complete this part for programs not registered as licensure-qualifying by the New York State Education Department for Licensed Master Social Worker (or Licensed Clinical Social Worker) or not accredited by the Council on Social Work Education (CSWE) at the time the applicant completed the program. An official transcript or marksheet giving courses completed by year and grades and a syllabus on 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 ____ mo. ____ day ____ yr. Completion Date ____ mo. ____ day ____ yr. Withdrawal Date ____ mo. ____ day ____ yr.

2. Did the applicant complete a field practicum of at least 900 clock hours? (check one) Yes No

If "no", number of clock hours completed _____

3. Degree/diploma conferred _____ Date degree/diploma conferred ____ mo. ____ day ____ yr.

Name of the accrediting body or official organization that recognizes this program _____

Address of the accrediting body or official organization that recognizes this program _____

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 educational record of the individual named on this form.

Signature of Registrar _____

Date _____

Print Name _____

Title or official position _____

Institution _____

Address _____

Institution Seal

Telephone _____ Fax _____

Email _____

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