



**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 - 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ State Education Department Program Code: \_\_\_\_\_  
mo. day yr.  
and was awarded the degree/diploma of: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Title of degree/diploma) mo. day yr.

**OR**  
 on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ the institution determined that the applicant has met all requirements for the degree/diploma and the  
mo. day yr.  
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 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. Did the applicant complete a field practicum of at least 900 clock hours? (check one)  **Yes**  **No**  
If "no", number of clock hours completed: \_\_\_\_\_
2. Degree/diploma conferred: \_\_\_\_\_ Date degree/diploma conferred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.  
Name of accrediting body or official organization that recognizes this program: \_\_\_\_\_  
Address of accrediting body or organization that recognizes this program: \_\_\_\_\_

**Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.**

**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 \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

(SEAL)

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

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

**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.**