

Section II : Certification Of Professional Education

INSTRUCTIONS TO INSTITUTION REGISTRAR:

1. Complete Section II to document the applicant's education.
2. Complete the Certification and return both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. **This form will not be accepted if returned by the applicant.**

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

Master's or Higher Degree Program:

Completed the program on ____ / ____ / ____ and was awarded the degree of _____
mo. day yr. (Title of degree)
on the date of ____ / ____ / ____.
mo. day yr.

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

Date of Accreditation _____
Year

Address of accrediting body or official organization that recognizes this program:

Certification:

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 or Official _____ Date ____ / ____ / ____
mo. day yr.

Print name _____

Title or official position _____

Institution _____

Address _____

(INSTITUTION SEAL)

Telephone number _____

Fax _____

E-mail _____

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