

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTIONS TO SCHOOL REGISTRAR: Please complete either A or B below, and complete the certification. Sign the certification and return this form with a transcript if required **directly** to the New York State Education Department, Division of Professional Licensing Services. It will not be accepted if incomplete or if returned by the applicant.

Professional Education (Attach transcript)

A. Programs Accredited by CCE or New York licensure qualifying programs.

(The chiropractic program has been completed and the degree awarded).

_____ was admitted on _____ and was
Applicant name (Item 3, Section I) mo. day yr.
awarded _____ on _____.
Title of degree mo. day yr.

B. All others – Submit a transcript with this form

(The chiropractic program has been completed and the degree awarded).

_____ was admitted on _____ and satisfactorily
Applicant name (Item 3, Section I) mo. day yr.
completed the program on _____ and was awarded _____ on _____.
mo. day yr. *Title of degree* mo. day yr.

CERTIFICATION

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

Signature: _____ Date: ____ / ____ / ____
mo. day yr.

Type or print name: _____

Title or official position: _____

Institution: _____

Location: _____

Telephone number: _____

Fax: _____

E-mail: _____

**(COLLEGE
SEAL)**

**RETURN DIRECTLY
TO:** 

**New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Chiropractic Unit, 89 Washington Avenue, Albany, NY 12234-1000.**