

Certified Shorthand Reporting Form 4

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

Certification of Experience

Applicant Instructions

Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Send this form to your employer to complete Section II. **This form will not be accepted if submitted by the applicant.**

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

Last []
First []
Middle []

4 Mailing Address

Line 1 []
Line 2 []
Line 3 []
City []
State [] [] Zip Code []
Country/Province []

5 Telephone/E-Mail Address

Daytime phone []
Area Code Phone
E-mail Address (please print clearly) []

6 Firm or Organization: _____

7 Dates of employment: From: ___ / ___ / ___ To: ___ / ___ / ___
mo. day yr. mo. day yr.

Section II: Certification of Employment

Instructions to the Employer: Complete this section, sign and date the attestation, and submit this form directly to the Office of the Professions at the address at the end of this form. Do not return this form to the applicant. **This form will not be accepted if submitted by the applicant.**

1. Name: _____
(Please Print)

2. Firm or organization where you supervised the applicant:

Firm or Organization Name City State

3. Dates of employment: from: ____ / ____ / ____ to ____ / ____ / ____
mo. day yr. mo. day yr.

4. This employment was on a Full-time or Part-time basis.

5. Describe the nature and extent of the applicant's duties: _____

Attestation

I declare and affirm that the statements made in this document are a true, complete, and correct record of the applicant's employment history while employed with our organization.

Signature Date

Print Name

Telephone

Fax

E-mail

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