

## Psychologist Form 2 Certification of Professional Education

### Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. An official transcript or marksheets is required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation or accredited by an organization acceptable to the Department.

### Section I: Applicant Information

1. Social Security Number 2. Birth Date    Month    Day    Year  
*(Leave this blank if you do not have a U.S. Social Security Number)*
3. Print Name    Last  
                            First  
                            Middle
5. Telephone/Email Address  
Daytime Phone  
 Home or  Business

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address  Home or  Business  
*(You must notify the Department within 30 days of any address or name changes)*  
Line 1  
Line 2  
Line 3  
City  
State                  ZIP Code  
Country/  
Province
  6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
*(Leave this blank if you do not have a  
New York State DMV ID Number)*
- Area Code                  Phone  
Email Address (please print clearly)  
 Home or  Business

7. Name as it appears on your Degree/Diploma/Certificate \_\_\_\_\_

8. Name of institution attended \_\_\_\_\_

Address of institution \_\_\_\_\_

Title of Degree/Diploma/Certificate awarded (in original language) \_\_\_\_\_

Date Degree/Diploma/Certificate awarded    \_\_\_\_\_    \_\_\_\_\_     Not yet awarded  
  mo.    yr.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: Certification of Professional Education**

**Instructions to the Registrar:** Complete Part A and Part B (if applicable), and complete and sign the Certification. Return the entire form along **with an official transcript** documenting completion of the program in an official school envelope **directly** to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.**

Name of the applicant \_\_\_\_\_  
(see Section I, item 7)

**Part A - Program Completed:**

It is certified that the applicant named above completed a program in:

\_\_\_\_\_ (Specialty Area)

At the time the degree requirements were met, the program was (check one):

- registered as licensure qualifying by the New York State Education Department.
- accredited by the American Psychological Association (APA) at date of graduation.
- a program not registered by New York State as licensure qualifying or accredited by the APA.

This program awards the degree of (check one):  Ph.D.  Psy.D.  Ed.D.  Other \_\_\_\_\_

met all requirements for the degree including the dissertation on \_\_\_\_\_  
mo. day yr.

was awarded the degree on \_\_\_\_\_  
mo. day yr.

If you indicated that the program is not registered by New York State, provide the following information:

Official program title: \_\_\_\_\_ Specialty \_\_\_\_\_

Is the program offered by the university psychology department(s)?  Yes  No

a. If no, which department offered the program? \_\_\_\_\_

b. If no, explain in a separate attachment the relationship of the program to the psychology department(s) program(s).

c. Does the program prepare students for the practice of psychology?  Yes  No

**Part B - Required Internship, Field Experience or Applied Research (if applicable):**

Location of approved internship, field experience or applied research:

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Dates of approved year-long internship (or equivalent), field experience or applied research:

From \_\_\_\_\_ To \_\_\_\_\_  
mo. day yr. mo. day yr.

**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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Institution \_\_\_\_\_

Seal

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Mental Health Counseling Unit, 89 Washington Avenue, Albany, NY 12234-1000. **OR, Submit this form to the Department by E-mail at [DPLSEDUC@nysed.gov](mailto:DPLSEDUC@nysed.gov).**