

Section II: Certification of Professional Education

Instructions to the Registrar: Complete **Part A** or **Part B**, and complete and sign the **Certification**. Return the entire form along with any required documentation 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.** For programs not registered by the Department, an official transcript or marksheet must be attached.

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

Part A - Program Registered by the New York State Education Department (NYSED): To be completed only by those schools whose degree program was, at the time the applicant's degree was (or will be) awarded, registered by the NYSED.

It is certified that the applicant:

completed the program on _____ mo. _____ day _____ yr. and was awarded the degree/diploma/certificate of _____
on the date of _____ mo. _____ day _____ yr. (Title of degree/diploma/certificate)

Or

on _____ mo. _____ day _____ yr. this institution determined that the applicant met all requirements for the degree/diploma/certificate and the institution has agreed to award the degree/diploma/certificate of _____
(Title of degree/diploma/certificate)

Part B - All other programs. 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 _____ mo. _____ day _____ yr. Completion Date _____ mo. _____ day _____ yr. Withdrawal Date _____ mo. _____ day _____ yr.
2. Degree/diploma/certificate awarded _____
3. Date degree/diploma/certificate awarded _____ mo. _____ day _____ yr.
Name of the accrediting body or official organization that recognizes this program _____
Date of Accreditation _____ mo. _____ day _____ yr.
Address of the accrediting body or official organization that recognizes this program _____

Certification - To be completed by the Registrar

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, Clinical Laboratory Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.