

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 _____

The applicant named above 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 - Required Internship, Field Experience or Applied Research (if applicable):

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, Psychology Unit, 89 Washington Avenue, Albany, NY 12234-1000.