

Nurse Form 2

Certification of Professional Education

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

Applicant Instructions

1. Use this form **ONLY** if your nursing school is located inside the United States or its territories; or, you earned a **BN, BSN or BScN degree from a University located in a Canadian province (except Quebec) after January 1, 2015.** (See Verifying Education Credentials from Non-U.S. Programs under Education Requirements.)
2. Complete Section I. In item 4, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
3. Have the school you attended that made you eligible to take the NCLEX examination complete the appropriate parts of Section II. **If you graduated from a New York State licensure qualifying nursing education program after April 1, 1998, you do not need to submit this form.** Be sure to include any fee required by the school. The registrar must return the entire form in an official school envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by you.

Section I - Applicant Information

1. Check what you are applying for Registered Professional Nurse Licensed Practical Nurse
2. Social Security Number _____ 3. Birth Date Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number)
4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1)
Last _____
First _____
Middle _____
5. Mailing Address (You must notify the Department promptly of any address or name changes)
Line 1 _____
Line 2 _____
Line 3 _____
City _____
State _____ ZIP Code _____
Country/
Province _____
6. Name as it appears on your degree or diploma _____
7. Secondary institution attended _____
8. Nursing school attended _____
Address _____
Dates of attendance from _____ mo. _____ day _____ yr. to _____ mo. _____ day _____ yr.
National council of State Boards for Nursing (NCSBN) Canadian Program Code (if applicable) _____
9. I request and give my permission to the school listed in item 8 above to complete Section II of this form and mail it to the New York State Education Department 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 for licensure.

Applicant's Signature _____

Date _____

Section II - Certification of Professional Education

Instructions to Registrar: Please complete and return both pages of this form in an official school envelope directly to the Office of the Professions at the address below. This form **will not be accepted if returned by the applicant**. This form should ONLY be completed by schools located **INSIDE OF THE UNITED STATES** or its territories; **or, if your school is located in a Canadian province (except Quebec) and conferred a BN, BSN or BScN degree to the applicant after January 1, 2015.**

1. Name of the applicant _____
(see Section I, item 6)

2. Nursing School name _____

Address _____
(Street)

_____ (City) _____ (State/Province) _____ (ZIP Code) _____ (Country)

3. Is this program located In the United States or its territories or a Canadian province other than Quebec? Yes No
If no, do not use this form. If yes, complete the remainder of this form.

4. Dates on which the faculty approved the awarding of the degree or diploma **or** date degree awarded _____
mo. day yr.

5. This program was approved as preparing for licensure as a Registered Professional Nurse or Licensed Practical Nurse by _____
(Name of state, U.S. territory or Canadian Province)

6. NCLEX Program Code _____

7. Type of program Baccalaureate Diploma Associate Other _____

8. Title of degree awarded _____

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 record of the professional education of the individual named on this form.

Signature of Registrar Date

Print Name

Institution

Address Institution Seal

Telephone Fax

Email

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Nurse Unit, 89 Washington Avenue, Albany, NY 12234-1000, U.S.A.. **OR, Submit this form to the Department by E-mail at DPLSEduc@nysed.gov.**