

# Certification of Foreign Education Form 2F

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

- Use this form **ONLY** if your school is located outside the United States or its territories **and** you were advised that the credentials verification service you are using did not obtain full documentation needed for a New York State professional license review or you are not utilizing a credentials verification service.
- 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 8.**
- Have the professional school you attended complete the appropriate parts of Section II. Be sure to include any fee required by the school. The school must return the entire form in a sealed official school envelope along with an official marksheet or transcript and syllabi directly to the Office of the Professions at the address at the end of this form. If the required documentation is not in English, a qualified translation is also required. For information on what constitutes a qualified translation, see our website [www.op.nysed.gov/prof/geninfo.htm#verif](http://www.op.nysed.gov/prof/geninfo.htm#verif). **This form and required documentation will not be accepted if submitted by the applicant or any person or agency other than the proper school authority.**

## Section I - Applicant Information

- What profession you are applying for \_\_\_\_\_
- Social Security Number \_\_\_\_\_ 3. Birth Date Month Day Year  
(Leave this blank if you do not have a U.S. Social Security Number.)
- Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1).  
Last \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_
- 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 \_\_\_\_\_
- Print your name as it appears on your degree or diploma \_\_\_\_\_
- School attended \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of attendance from \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr. to \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.  
Date degree/diploma was awarded \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.  
Name/Title of the Degree/Diploma issued to you \_\_\_\_\_
- I request and give my permission to the school listed in item 7 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 Foreign Education

**Instructions to the School:** Complete Section II to document the applicant's education. Sign and date the certification and return both pages of this form along with an official marksheets or transcript and syllabi in a sealed official school envelope directly to the Office of the Professions at the address below. Do not return this form to the applicant. This form and required documentation **will not be accepted if returned by the applicant or any person or agency other than the proper school authority.**

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

2. School name \_\_\_\_\_

Former school name \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_ City \_\_\_\_\_ (State/Province) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_ (Country)

3. Program Information

Length of the program \_\_\_\_\_ Language of instruction used \_\_\_\_\_

Total Clinical Hours \_\_\_\_\_

Date of admission \_\_\_\_\_ Date of completion \_\_\_\_\_  
mo. day yr. mo. day yr.

Years of education required for admission \_\_\_\_\_ Date of graduation \_\_\_\_\_  
mo. day yr.

Title of degree or diploma awarded \_\_\_\_\_ Date degree or diploma was awarded \_\_\_\_\_  
mo. day yr.

Type of program  Baccalaureate  Diploma  Masters  Other \_\_\_\_\_

This program was approved as preparing for licensed practice as the profession listed in Section I, item 1 by:

Name of the Registration Authority who approved this program \_\_\_\_\_

Initial date the program was approved by the Registration Authority \_\_\_\_\_  
mo. day yr.

Note: An official marksheets or transcript is issued by the school showing completed courses by year and grades and bears original school official's signature(s) and an original school seal(s). It must be received directly from the school along with syllabi and this form in a sealed official school envelope. If the required documentation is not in English, a qualified translation is also required. For information on what constitutes a qualified translation, see our website [www.op.nysed.gov/prof/geninfo.htm#verif](http://www.op.nysed.gov/prof/geninfo.htm#verif).

### 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, 89 Washington Avenue, Albany, NY 12234-1000, U.S.A..