

Section II - Verification of Clinical Nurse Specialist Program

Instructions to Registrar: Please complete Section II and return both pages of this form **along with an official school transcript**, directly to the New York State Education Department at the address at the end of this form. **This form will not be accepted if returned by the applicant or any other party.**

Note: If the applicant has completed more than one program, a Form 2 must be submitted for each program.

a. It is hereby verified that _____
(see Section I, item 6)

has completed a program qualifying for certified nurse specialist and the degree/diploma listed below has been awarded. The official program title completed by the applicant is as follows:

Official program title _____

b. The program contained _____ hours of classroom instruction and _____ hours of preceptorship with a clinical nurse specialist or physician.

c. Degree/diploma awarded _____ date _____
mo. day yr.

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, Clinical Nurse Specialist Unit, 89 Washington Avenue, Albany, NY 12234-1000.