

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. Complete Section I. Enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.
2. Send this form to the institution(s) which you attended and ask that they complete Section II and return the form along with any required documentation directly to the Office of the Professions at the address at the end of the form. Be sure to include any fee required by the school. A separate Certification of Professional Education form must be submitted for each educational program you attended.

Note: If you attended or graduated from a program that was **not** registered by the New York State Education Department as licensure-qualifying at the time of your graduation, ask your school to attach an official school transcript or marksheet.

1 Social Security Number [][][][][][] **2 Birth Date** Month [][] Day [][] Year [][]
(Leave this blank if you do not have a U.S. Social Security Number)

3 Print Name as It Appears on Your Application for Licensure (Form 1)

[illegible]

4 Mailing Address: ☐ Home or ☐ Business
(You must notify the Department within 30 days of any address or name changes.)

[illegible]

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 If different from above, print the name under which your degree was awarded:

6	School attended:
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Address: _____

City *State or Country* *Zip Code*

Degree awarded: _____ In: _____

Title *Field*

Date of graduation: _____
Month/Year

7 If no degree, month and year of latest attendance: _____

8 I request and give my permission to the institution listed in item 6 above to complete the information on this form and send any documentation requested, including that requested on this form (e.g. an official transcript), to the New York State Education Department.

Applicant's Signature: _____ Date: _____

Section II: Certification of Education for Geology: (Please print or type)

Instructions to the Registrar: Please complete Part A and Part B or C as appropriate, sign the attestation and return all pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant or any other person(s) or agency other than the proper school authority.**

Name of applicant: _____
(Section I, item 3)

Part A - Program Information

Exact title of the degree applicant earned: _____

Exact name of the program applicant completed: _____

Name of applicant option or concentration, if any: _____

Exact name of department awarding degree: _____

This student was enrolled in: ☐ Day program ☐ Evening program ☐ Co-op program
at the _____ campus.
Name or location of branch

What date did the student enter the school and what date did the student complete his/her studies or withdraw from school:

Entrance date: _____ Completion/withdrawal date: _____

What date was the applicant awarded his/her degree: (If no degree awarded, so state) _____

What date did the student become eligible for his/her degree award: (if any) _____

Part B - New York State Licensure-Qualifying Programs - Complete if your program was registered by the New York State Education Department as licensure qualifying. (Check only one box)

The applicant:

- ☐ has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in geological sciences which is currently registered as licensure-qualifying; or
- ☐ graduated from a baccalaureate program in geological sciences which was at the time registered by the New York State Education Department as licensure-qualifying.

Part C - All Other Programs, Including all Graduate and Foreign Programs - Complete this section.

- ☐ Official school transcript or marksheet is attached.

Certification

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the applicant named above.

Signature or Registrar or Designee: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Title: _____

Institution: _____

Address: _____

(INSTITUTION SEAL)

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Professional Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.