

Education Record Form

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

Instructions: Please complete this form, have it notarized by a Notary Public and return it to the Office of the Professions at the address at the end of this form.

1. Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

2. Birth Date Month Day Year

3. Print Your Name Exactly As You Wish it to Appear On Your License

Last

First

Middle

4. 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

5. Profession: _____

6. **Affidavit with Acknowledgement (notarization required)**

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Applicant's Signature _____ Date _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed,

personally appeared _____, personally known to me or proved to me on the basis

of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's Signature _____

Notary ID number _____ Expiration Date _____

Notary Stamp

7. Please print clearly giving an accurate record of your educational preparation below. Be sure to complete all information for all colleges/universities attended and degrees received. Attach additional sheets if necessary.

Name of Elementary or Primary School: _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Graduation date _____
mo. yr.

Name of High School/Secondary School or GED Diploma Issuer _____

City _____ State/Province _____ Country _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Graduation date _____ or, GED Issued _____
mo. yr. mo. yr.

Postsecondary School(s) *(Includes all schools attended after high school or secondary schools)*

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

Name of School _____

City _____ State/Province _____ Country _____

Major/Concentration _____

Number of years attended _____ Attendance from _____ to _____
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

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