## Polysomnographic Technologist Form 2

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

## **Certification of Professional Education**

## **Applicant Instructions**

- 1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Authorization (Form 1). Be sure to sign and date item 9.
- Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form
  directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution.
  This form will not be accepted if submitted by the applicant.
- 3. An official transcript or official marksheets are required if you completed a program that is not registered by the Department as licensure-qualifying at the time of your graduation.

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Sec	Section I: Applicant Information																																			
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9	I reques	request and give my permission to the school listed in item 6 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																																		
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Section II: Certification of Professional Education
<ol> <li>Instructions to Registrar:</li> <li>Complete Part A or Part B to document the applicant's education.</li> <li>Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form.         This form will not be accepted if returned by the applicant.     </li> </ol>
Name of Applicant:(Section I, item 5)
Part A - Complete this part for programs that were, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for authorization to practice as a Polysomnographic Technologist.
1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: / / Completion date: / / Withdrawal date: / / mo. day yr.
2. Type of program:
Title of degree/certificate awarded:
4. Date degree/certificate awarded: / / / yr.
Part B - Complete this part for programs that were, at the time the degree requirements were met, NOT registered as licensure- qualifying by the New York State Education Department for authorization to practice as a Polysomnographic Technologist. An official transcript or official marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.
1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:
Entrance date: / / Completion date: / / Distribution with the completion date: / / Distribution with the completion date: / / Distribution date: / Distribu
2. Type of program:   baccalaureate   associate   Other (please specify):
3. Title of degree/certificate awarded:
4. Date degree/certificate awarded:// / / /
Part C - Certification
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: Date: / /
Print name: mo. day yr.
Title or Official Position:
Institution:
Address: (SEAL)
Telephone: Fax:
E-mail Address:
Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Polysomnographic Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.
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