Psychoanalyst 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 Psychoanalytic Study

Applicant Instructions

- 1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
- 2. Send the entire form to the institution where you completed your Psychoanalytic studies and ask the Registrar to complete the appropriate parts of Section II and forward both pages of the form 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 institution. **This form will not be accepted if submitted by the applicant.**
- 3. An official transcript or marksheets are required if you completed a program that is not registered by the Department as licensure qualifying.

Section I: Applicant Information								
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)								
	ast Signature and the second s							
	irst							
	Middle Hiddle							
4	Mailing Address (You must notify the Department promptly of any address or name changes.)							
	ine 1							
	ine 2							
	ine 3							
	City							
	State Zip Code Line Line Line Line Line Line Line Lin							
	country/ crovince							
5	Print your name as it appears on your degree or certificate.							
	Name:							
6	School attended:							
	(Name) (city/state or country)							
7	Name of degree/certificate:							
8								
	Date degree/certificate awarded: / / mo. day yr.							
9								
	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.							
		_						
	pplicant's Signature mo. day yr.							
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Section II: Certification of Psychoanalytic Study							
dire	structions to the Registrar: Please complete Parts A, B and C before sending both pages of this form rectly to the Office of the Professions at the address at the end of the form. This form will not be accepplicant or any other party.				е		
Nar	ame of applicant:						
	ame or applicant:(Section I, item 5)						
Par	art A - Psychoanalysis Program Registered by the New York State Education Department (NYSEI completed only by those schools whose Psychoanalysis program was, at the time the applicant's be) awarded, registered by the NYSED as licensure qualifying.						
	Completed the program on / / and was awarded the degree/certificate of mo. day yr.	(Title of	degree/cer	tificate)			
	In the program area or major of on the	date of	/	/			
	OR (Title)		mo. d	ay	yr.		
	on / this institution determined that the above-named student met all requirements for the degree/certificate and mo. day yr.						
	the institution has agreed to award the degree/certificate of	on	/	/			
	(Title of degree/certificate)		mo. d	ay	yr.		
Par	art B - Psychoanalysis Program Not Registered By The New York State Education Department As Time The Applicant Completed The Program. An official transcript or marksheet giving co 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	om the sch	ool:				
	Entrance date: / / Completion date: / / Withdrawal date: / / wr.	ate:	/day	. /yr			
2.	Degree/certificate awarded:						
3.	Date degree/certificate awarded: / / / mo. day yr. Name of accrediting body or official organization that recognizes this program:						
	Date of Accreditation: / / / / Address of accrediting body or official organization that recognizes this program:						
PAI	ART C - Certification (To be completed by ALL schools)						
	I hereby certify that to the best of my knowledge and belief the information in Section II is a true state the individual named on this form.	ement of th	ne educatio	nal rec	ord of		
	Signature of Registrar:	Date:					
	Print or Type Name:	mo.	day		yr.		
	Title or official position:						
	Institution:						
	Address:	(INSTITUTION SEAL)					
	City: State Zip Code						
	Telephone: Fax:						
	E-mail Address:						
Ret	eturn Directly to: New York State Education Department, Office of the Professions, Division of I Psychoanalysis Unit, 89 Washington Avenue, Albany, NY 12234-1000.	Profession	al Licensi	ng Ser	vices,		
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