

FORM 2 (check one)

- OCCUPATIONAL THERAPIST
- OCCUPATIONAL THERAPY ASSISTANT

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of the Professions
 Division of Professional Licensing Services
 89 Washington Avenue
 Albany, NY 12234-1000

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. If your professional program is not accredited by the American Occupational Therapy Association, (most schools located outside the United States are not accredited) do not use this form. See 'Education Requirements' for further instructions.
2. If you graduated from a New York State registered licensure-qualifying program or an AOTA accredited program, complete Section I in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 8.
3. Send this form to the institution you attended and ask the Registrar to complete the appropriate parts of Section II of this form. Be sure to include any fee required. The institution completing Section II must forward it **directly** to the Office of the Professions at the address at the end of this form. The Office of the Professions will not accept this form unless it is submitted directly by the institution in an official school envelope.

SECTION I: APPLICANT INFORMATION

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 FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)

Last

First

Middle

4 MAILING ADDRESS

Address 1

Address 2

State Zip Code

Province/Country
If not U.S.

IMPORTANT: You must notify the Department promptly of any address or name changes.

5 Print name under which your degree/diploma was awarded: _____

6 Professional school attended: _____

Address: _____

7 Title of diploma or degree: _____ Date diploma or degree was awarded: ____/____/____
mo day yr.

8 I request and give my permission to the institution(s) listed in item 6 above to provide any information requested, including that requested on this form, to the New York State Education Department.

Applicant's signature

Date

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTIONS TO THE REGISTRAR:

1. Use this form to verify professional education from a New York State registered licensure-qualifying or AOTA accredited program.
2. Complete Parts A and B and return this form directly to the Office of the Professions at the address at the end of this form in an official school envelope. Do not return this form to the applicant.

PART A – PROGRAM COMPLETED:

The applicant named below completed an occupational therapy or occupational therapy assistant program that was, at the time the degree requirements were met, either:

- Registered as licensure qualifying by the New York State Education Department,
AND/OR
- Accredited by the American Occupational Therapy Association.

It is certified that _____:
(Name of applicant – See Section I, item 5)

- met all requirements for the degree/diploma of _____ on ____ / ____ / ____
(Title of degree/diploma) mo. day yr.
- was awarded the degree/diploma of _____ on ____ / ____ / ____
(Title of degree/diploma) mo. day yr.

PART B - CERTIFICATION: This form will not be accepted if the date below precedes the date when the degree was awarded.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar or designee _____ Date ____ / ____ / ____
mo. day yr.

Type or print name _____

Title or official position _____

Institution _____

Address _____

(SEAL OF INSTITUTION)

Telephone number _____ Fax _____

E-mail _____

RETURN DIRECTLY TO: 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Occupational Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.