

# New York State Form 2

Certification of Professional Education for Engineering and Health Sciences



# Form 2 Introduction

- **Who?**
  - Students: Engineering, Physical Therapy, Physician Assistant, Occupational Therapy, occasional others
- **What?**
  - NY State Form 2, Certification of Professional Education
- **Where?**
  - New York State Education Department Licensing Division
- **When?**
  - Year-round, spikes somewhat around graduation
- **Why?**
  - Proof of Professional Education for Licensure in NY State

# Topics Covered

- Professional Engineering Form 2
- Physical Therapy Form 2
- Physician Assistant Form 2
- Occupational Therapy Form 2
- Things to Remember
- Questions

**Professional Engineering  
Form 2**

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

**CERTIFICATION OF PROFESSIONAL EDUCATION**

**APPLICANT INSTRUCTIONS**

1. Complete Section I. Fill in your name exactly as it appears on your application (Form 1). Be sure to sign and date this form.  
2. Send this form to the institution(s) which you attended and will that they return it directly to the Office of the Professions. Be sure to include any fee required by the school. A separate Certificate of Professional Education must be submitted to each educational program you attended.

**SECTION I: APPLICANT INFORMATION**

1. Social Security Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
(Leave this blank if you are a U.S. State Security Number)

2. Print Full Name  
Last: [ ]  
First: [ ]  
Middle: [ ]

3. Mailing Address: (You must notify the Department promptly)  
Line 1: [ ]  
Line 2: [ ]  
City: [ ]  
State: [ ]  
County: [ ]  
Postcode: [ ]

4. If different from above, give the name under which your degree was received: \_\_\_\_\_

5. Secondary and/or preprofessional school attended: \_\_\_\_\_

6. Professional school attended: \_\_\_\_\_  
Month and year of graduation: \_\_\_\_\_  
Degree awarded: \_\_\_\_\_ (Yes)

7. If no degree, month and year of attendance: \_\_\_\_\_

8. I request and give my permission to the institution listed in item 4, 5, 6, or 7, to forward my application to the institution listed in item 1, 2, 3, 4, 5, 6, or 7, as requested, including that requested on this form (e.g., an official fee receipt).

Applicant's signature: \_\_\_\_\_  
Professional Engineer

**SECTION II: CERTIFICATION OF EDUCATION FOR ENGINEERING**

**INSTRUCTIONS TO THE REGISTRAR**

Please complete Part A and Part B or C as appropriate, sign the attestation and return this form directly to the Office of the Professions at the address shown 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: \_\_\_\_\_

**Part A – Program Information**

Select title of the degree applicant earned: \_\_\_\_\_  
Select name of the program applicant completed: \_\_\_\_\_  
Name of applicant option or concentration, if any: \_\_\_\_\_  
Select name of department awarding degree: \_\_\_\_\_  
This student was enrolled in:  Day program  Evening program  Co-op program  
at the \_\_\_\_\_ campus.  
Name or location of school

What date did the student enter the school and what date did the student complete higher studies or withdraw from school:  
Entrance date: \_\_\_\_\_ Completion/Withdrawal date: \_\_\_\_\_  
What date was the applicant awarded higher degree: (if no degree awarded, so state) \_\_\_\_\_  
What date did the student become eligible for higher degree award: (if any) \_\_\_\_\_

**Part B – Accredited Programs** – Complete if your program is accredited by the Accreditation Board for Engineering and Technology (ABET) (Check only one box)

The applicant:

has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in ENGINEERING, which is currently accredited by the Engineering Accreditation Commission of ABET, or

graduated from a baccalaureate program in ENGINEERING, which was accredited at that time by the Engineering Accreditation Commission of ABET (within one year prior to such accreditation), which was at the time registered by the New York State Education Department as a baccalaureate program in engineering, or

graduated from a baccalaureate program in ENGINEERING TECHNOLOGY, which was accredited at that time by the Technology Accreditation Commission of ABET.

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

Official school transcript or transcript is attached.

**ATTESTATION**

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the individual named on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
INSTITUTION SEAL

Return directly to: New York State Education Department, Office of the Professions, Division of Professional Learning Services, Professional Engineering Unit, 88 Washington Avenue, Albany, NY 12234-1000.

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# Professional Engineering Form 2: Part A

Name of applicant: John Smith

## Part A – Program Information

Bachelor of Science

Exact title of the degree applicant earned: \_\_\_\_\_

Exact name of the program applicant completed: Electrical Engineering

Name of applicant option or concentration, if any: Mathematics

Exact name of department awarding degree: Electrical and Computer engineering

This student was enrolled in:  Day program  Evening program  Co-op program

at the Clarkson University 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: 09/2016 Completion/withdrawal date: 05/2020

What date was the applicant awarded his/her degree: (If no degree awarded, so state) 05/15/2020

What date did the student become eligible for his/her degree award: (If any) \_\_\_\_\_

# Professional Engineering Form 2: Part B

**Part B – Accredited Programs** – Complete if your program is accredited by the Accreditation Board for Engineering and Technology (ABET) (Check only one box)

**\*\*If graduate student, skip and proceed to Part C**

The applicant:

- has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in ENGINEERING, which is currently accredited by the Engineering Accreditation Commission of ABET, or
- graduated from a baccalaureate program in ENGINEERING, which was accredited at that time by the Engineering Accreditation Commission of ABET or within one year prior to such accreditation, or which was at the time registered by the New York State Education Department as licensure-qualifying in engineering, or
- graduated from a baccalaureate program in ENGINEERING TECHNOLOGY, which was accredited at that time by the Technology Accreditation Commission of ABET.

# Professional Engineering Form 2: Attestation

## ATTESTATION

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the individual named on this form.

Signature: Jennifer Stokes Date: 05 / 25 / 2020  
mo day yr.

Print name: Jennifer Stokes

Title: Registrar

Institution: Clarkson University

Address: 8 Clarkson Avenue  
Potsdam, NY 13699

Telephone: 315-268-6451 Fax: 315-268-6452

E-mail address: sas@clarkson.edu

Apply seal!  
INSTITUTION SEAL

# Physical Therapy Form 2: Part A

## PART A –COMPLETION OF EDUCATION REQUIREMENT:

The applicant named below completed a physical therapist or physical therapist 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 Commission on Accreditation in Physical Therapy Education (CAPTE) of the APTA.

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

For **Physical Therapist** applicants:

was awarded the degree of \_\_\_\_\_ **Doctor of Physical Therapy** \_\_\_\_\_ on 05 / 11 / 2020  
*(Title of degree) mo. day yr.*

OR

on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ this institution determined that the above-named student met all requirements for the degree  
*mo. day yr.*  
and the institution has agreed to award the degree of \_\_\_\_\_  
*(Title of degree)*

For **Physical Therapist Assistant** applicants:

met all requirements for the degree of \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Title of degree) mo. day yr.*

# Physical Therapy Form 2: Part B

**PART B - CERTIFICATION:** This form will not be accepted if the date below precedes the date in Part A.

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 Jennifer Stokes Date 05 / 25 / 2020  
mo. day yr.

Type or print name Jennifer Stokes

Title or official position Registrar

Institution Clarkson University

Address 8 Clarkson Avenue  
Potsdam, NY 13699

Telephone number 315-268-6451 Fax 315-268-6452

E-mail sas@clarkson.edu

Apply seal!

(SEAL OF INSTITUTION)

# Physician Assistant Form 2: Part A

**Part A –Programs Registered By New York State As Licensure Qualifying Or Accredited By The Accreditation Review Commission On Education For The Physician Assistant (ARC-PA) At The Time The Applicant Completed The Program.**

*To be completed only by those schools at which the applicant completed a physician assistant program registered by the New York State Education Department as licensure qualifying or accredited by the ARC-PA.*

Jane Smith

It is certified that \_\_\_\_\_  
*(Name of applicant – See Section I, Item 5)*

was awarded the credential of Master of Science Physician Assistant Studies on 05 / 15 / 2020  
*(Title of credential) mo. day yr.*

OR

on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ this institution determined that the above-named student met all requirements for the credential and the

institution has agreed to award the credential of \_\_\_\_\_  
*(Title of credential)*

# Physician Assistant Form 2: Part C

## 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 educational record of the individual named on this form.

Signature of Registrar Jennifer Stokes Date 05 / 25 / 2020  
mo. day yr.

Type or print name Jennifer Stokes

Title or official position Registrar

Institution Clarkson University

Address 8 Clarkson Avenue

Potsdam, NY 13699

Telephone number 315-268-6451 Fax 315-268-6452

E-mail sas@clarkson.edu

Apply seal!

(INSTITUTION SEAL)

# Occupational Therapy Form 2: Part A

## 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 Jessie Smith :  
(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 Master of Science Occupational Therapy on 05 / 20 / 2020  
(Title of degree/diploma) mo. day yr.

# Occupational Therapy Form 2: Part B

**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.

*Jennifer Stokes*

Signature of Registrar or designee \_\_\_\_\_ Date 05 / 30 / 2020  
mo. day yr.

Jennifer Stokes

Type or print name \_\_\_\_\_

Registrar

Title or official position \_\_\_\_\_

Clarkson University

Institution \_\_\_\_\_

Address 8 Clarkson Ave  
Potsdam, NY 13699

Telephone number 315-268-6451 Fax 315-268-6452

E-mail sas@clarkson.edu

Apply seal!

(SEAL OF INSTITUTION)

# Form 2 Final Steps

- Apply seal
- Scan and save
- Mail
- Notify student



**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  
www.opl.state.ny.us

**CERTIFICATION OF PROFESSIONAL EDUCATION**

**APPLICANT INSTRUCTIONS**

- If your professional program is not accredited by the American Occupational Therapy Association, direct schools located outside the United States are not accredited. Do not use this form. See "Education Requirements" for further instructions.
- If you graduated from a New York State registered licensee-qualifying program or an ACTC accredited program, complete Section I on this form as it appears on your Application for Licensure (Form 1). Be sure to sign and date Item 8.
- 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 fax this form to the Office of the Professions. The Office of the Professions will not accept this form otherwise.

**SECTION I: APPLICANT INFORMATION**

1 Social Security Number

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

3 Print Your Name Exactly As It Appears On Your Application for:

Last

First

Middle

4 Mailing Address (You must notify the Department promptly of any change.)

Line 1

Line 2

Line 3

City

State  Zip Code

Country  Province

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

6 Professional school attended: \_\_\_\_\_

Address: \_\_\_\_\_

7 Title of diploma or degree: \_\_\_\_\_

8 I request and give my permission to the institution(s) listed in Item 6 above to use my name in the New York State Education Department.

Institution's signature \_\_\_\_\_

Occupational Therapy Permit

**SECTION II: CERTIFICATION OF EDUCATION**

**INSTRUCTIONS TO THE REGISTRAR**

- Use this form to verify professional education from a New York State registered licensee-qualifying or ACTC accredited program.
- Complete Parts A and B and return this form (along with the fee) 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 licensee-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 3)

met all requirements to the degree/diploma of \_\_\_\_\_ (Title of degree/diploma) \_\_\_\_\_ (Date of degree/diploma)

was awarded the degree/diploma of \_\_\_\_\_ (Title of degree/diploma) \_\_\_\_\_ (Date of degree/diploma)

**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 \_\_\_\_\_ (month / day / year)

Type or print name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_



(SEAL OF INSTITUTION)

FURTHER CONTACT: The State Education Department, Office of the Professions, Division of Professional Licensing Services, Occupational Therapy Unit, 88 Washington Avenue, Albany, NY 12243-1500.  
Occupational Therapy Form 2, Page 2 of 2, Rev. 8/17



# Things to Remember:

- Answers should be exactly as on transcript
- Separate form for each program
- Graduate engineering programs require transcript
- Each program has a distinct unit address to be sent to



Questions?

