Licensed Master Social Worker 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 Licensure (Form 1). Be sure to sign and date item 9.
2. 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 marksheets are required if you completed a program that is not registered by the Department as licensure qualifying at the time of your graduation.

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 Name as It Appears on Your Application for Licensure (Form 1)**

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 Print your name as it appears on your degree or diploma.

Name: _____

6 School attended: _____
(Name) *(city/state or country)*

7 Name of degree/diploma: _____

8 Date degree/diploma awarded: _____ / _____ / _____
mo. day yr.

9 I 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 Education Department in connection with my application for licensure.

_____ _____ / _____ / _____
Applicant's Signature mo. day yr.

Section II: Certification of Professional Education

Instructions to Registrar:
1. Complete Part A or Part B to document the applicant's education.
2. 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.**

Name of Applicant: _____
(Section I, item 5)

Part A - Completion of Education Requirement:

The applicant completed a master of social work 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 Council on Social Work Education (CSWE).

It is certified that the applicant:

☐ completed the program on _____ / _____ / _____ (*mo. day yr.*) State Education Department Program Code: 001710
and was awarded the degree/diploma of: _____ (*Title of degree/diploma*) on _____ / _____ / _____ (*mo. day yr.*)

OR

☐ on _____ / _____ / _____ (*mo. day yr.*) the institution determined that the applicant has met all requirements for the degree/diploma and the institution has agreed to award the degree/diploma of _____ (*Title of degree/diploma*)

Part B - PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE-QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT FOR LICENSED MASTER SOCIAL WORKER (OR LICENSED CLINICAL SOCIAL WORKER) OR NOT ACCREDITED BY THE COUNCIL ON SOCIAL WORK EDUCATION (CSWE) AT THE TIME THE APPLICANT COMPLETED THE PROGRAM. An official transcript or marksheet 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: _____ / _____ / _____ (*mo. day yr.*) ☐ Completion date: _____ / _____ / _____ (*mo. day yr.*) ☐ Withdrawal date: _____ / _____ / _____ (*mo. day yr.*)

2. Did the applicant complete a field practicum of at least 900 clock hours? (check one) ☐ **Yes** ☐ **No**

   If "no", number of clock hours completed: _____

2. Degree/diploma conferred: _____ Date degree/diploma conferred: _____ / _____ / _____ (*mo. day yr.*)

   Name of accrediting body or official organization that recognizes this program: _____

   Address of accrediting body or organization that recognizes this program: _____

   _____

Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.

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 _____ Date _____ / _____ / _____ (*mo. day yr.*)

Type or print name Amy Greenberg, LCSW, MA

Title or official position Director of Internships and Programs

Institution Loyola University Chicago, School of Social Work

Address 820 N. Michigan Ave.
Chicago, IL 60611

(SEAL)

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Return Directly to: **New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Social Work Unit, 89 Washington Avenue, Albany, NY 12234-1000.**