

SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO INSTITUTION: Please complete parts A, B (Section 1 or 2) and C. Return this form directly to the Office of the Professions. This form will not be accepted if incomplete or if returned by the applicant.

PART A

1. Name of applicant: _____
(See item 5 - Section 1)

School name: _____

PART B - GENERAL PROGRAM INFORMATION

Check one: respiratory therapy program respiratory therapy technician program

Section 1

Complete for the applicant whose respiratory therapy or respiratory therapy technician program was, at the time the degree was awarded:

Registered as licensure qualifying by the New York State Education Department or accredited by the Committee on Accreditation for Respiratory Care (CoARC).

1. Name of program: _____
Title

2. Date of admission: ____ / ____ / ____ Date of completion: ____ / ____ / ____
mo. day yr. mo. day yr.

3. Date certificate, diploma or degree conferred: ____ / ____ / ____
mo. day yr.

4. Title of credential conferred: _____

5. Type of program: baccalaureate associate diploma

other (please specify) _____

- OR -

Section 2

Complete for the applicant whose respiratory therapy or respiratory therapy technician program was, at the time the degree was awarded:

A Non-New York State Licensure Qualifying or Non-CoARC Accredited Program (**Institution must attach a transcript with degree and date awarded and attach a syllabus of the course studies completed.** If syllabus was previously submitted for same class, it is not necessary to submit another one.)

1. Name of program: _____
Title

2. Date of admission: ____ / ____ / ____ Date of completion: ____ / ____ / ____
mo. day yr. mo. day yr.

3. Date certificate, diploma or degree conferred: ____ / ____ / ____
mo. day yr.

4. Title of credential conferred: _____

5. Type of program: baccalaureate associate diploma

other (please specify) _____

6. Years of education and credential required for admission: _____

7. List any courses accepted for transfer of credit by your school (if not noted on transcript). Give the name of the institution from which credit was transferred. (Attach additional pages if necessary.)

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: _____ Date: ____ / ____ / ____
mo. day yr.

Print school official's name: _____

Title: _____

School: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

(SEAL OF INSTITUTION)