

Architect Form 2 Certification of Professional Education

Use this form ONLY if you were educated outside the U.S. and are NOT applying for licensure via endorsement or via practical examination

Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. An official transcript or marksheets is required if you completed a program that is not registered by the Department as licensure qualifying at the time your graduation or accredited by an organization acceptable to the Department.

Section I: Applicant Information

- | | | | | |
|---------------------------------------------------------------------------------------------------------|---------------|-------|--------------------------------------------------------------------|------|
| 1. Social Security Number
<i>(Leave this blank if you do not have a U.S. Social Security Number)</i> | 2. Birth Date | Month | Day | Year |
| 3. Print Name | Last | | | |
| | First | | | |
| | Middle | | | |
| | | | 5. Telephone/Email Address | |
| | | | Daytime Phone | |
| | | | <input type="checkbox"/> Home or <input type="checkbox"/> Business | |

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4. Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Business
<i>(You must notify the Department within 30 days of any address or name changes)</i> | Area Code | Phone |
| Line 1 | Email Address (please print clearly) | |
| Line 2 | <input type="checkbox"/> Home or <input type="checkbox"/> Business | |
| Line 3 | | |
| City | 6. New York State DMV ID Number
(Driver or Non-Driver ID) | |
| State | | |
| ZIP Code | | |
| Country/
Province | | <i>(Leave this blank if you do not have a
New York State DMV ID Number)</i> |

7. Name as it appears on your Degree/Diploma/Certificate _____

8. Name of institution attended _____

Address of institution _____

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded ____ mo. ____ yr. Not yet awarded

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and submit it to the Office of the Professions 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.

Signature _____

Date _____

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Section II, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.** Be sure to attach transcripts, marksheets, or other records showing courses studied by year and passes (with grades if available) of all courses taken.

Name of the applicant _____
(see Section I, item 7)

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date Completion Date
mo. day yr. mo. day yr.

Withdrawal Date
mo. day yr.

2. Degree/diploma/certificate awarded _____

3. Date degree/diploma/certificate awarded _____
mo. day yr.

4. List any courses convalidated or accepted for transfer credit by your school. Give the basis on which these subjects were convalidated and the name of the institution from which credit was transferred.

Certification - To be completed by the Registrar

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

Print Name

Title or official position

Institution

Address

Seal

Telephone Fax _____

Email

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000. **OR, Submit this form to the Department by E-mail at DPLSEduc@nysed.gov.**