

# Applied Behavior Analysis Form 2 (Check one)

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

- Licensed Behavior Analyst  
 Certified Behavior Analyst Assistant

## Certification of Professional Education

### Applicant Instructions

- Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure/Certification (Form 1). Be sure to sign and date item 9.
- Send this 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. If you completed a program that was **not registered** by the Department as licensure-qualifying at the time the degree requirements were met, be sure to request that institution to provide an official transcript or official marksheets, as well as course descriptions and/or syllabi for all courses, if available.**

### Section I: Applicant Information

**1** Social Security Number **2** Birth Date Month  Day  Year   
*(Leave this blank if you do not have a U.S. Social Security Number)*

**3** Print Name Exactly as It Appears on Your Application for Licensure/Certification (Form 1)

Last   
First   
Middle

**5** Telephone/E-Mail Address

Daytime phone

Area Code Phone

E-mail Address (please print clearly)

**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

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

Name: \_\_\_\_\_

**7** Institution attended: \_\_\_\_\_

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

**8** Name of degree/certificate awarded: \_\_\_\_\_

Date degree/certificate awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**9** I request and give my permission to the institution listed in item 7 to complete Section II of this form and submit 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.

