



**Section II: Certification Of Professional Education (Continued)**

**PART A - New York State Licensure Qualifying Registered Programs.**

**An official transcript must be attached**

To be completed by colleges where the applicant completed a program registered by the New York State Education Department as licensure qualifying. Please note: The 5 digit Program Code on the Inventory of Registered Programs is not the same as the 6 digit Institutional ID. The Award and the Program Title listed for this Program Code must match the degree and major listed on the transcript.

It is hereby certified that the above named applicant completed his/her degree requirements on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and was awarded the degree of \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and the curriculum completed at the time the degree was awarded was registered by the New York State Education Department as licensure qualifying. The official program title and program code completed by the applicant are as follows:

Program title \_\_\_\_\_ Program code: 

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 120 hour program  
 150 hour program

**PART B - United States Programs Not Registered As Licensure Qualifying By The New York State Education Department**

**An official transcript must be attached**

To be completed by U.S. colleges whose programs are not registered by the New York State Education Department as licensure qualifying.

(1) Date of applicant's entrance, date of completion of studies or withdrawal from the school:

Date of Admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Completion/withdrawal: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

(2) Degree and major conferred: \_\_\_\_\_ Date of conferral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

(3) Degree or courses in progress. Expected completion date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

(4) Name of accrediting body or official organization that recognizes this school: \_\_\_\_\_

(5) Is the degree/major listed in (2) above accredited by the AACSB in **accounting and business**?  Yes  No

**PART C - To Be Completed By Institutions Located Outside Of The United States Or Its Territories.**

**An official transcript or marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.** If the school will not transmit the forms and transcripts or marksheets directly to the Department via courier service, the school should submit the forms to the Department via regular mail service.

(1) Length of program: \_\_\_\_\_

(2) Date of admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

(3) Years of education and credential required for admission: \_\_\_\_\_

(4) Degree conferred: \_\_\_\_\_ Date of conferral: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Name of accrediting body or official organization that recognizes this accounting program: \_\_\_\_\_

Address of accrediting body or official organization that recognizes this accounting program: \_\_\_\_\_

**Certification - To be completed by the Registrar for all institutions**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the education record of the individual named on this form.

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

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

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

Institution: \_\_\_\_\_

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

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**(INSTITUTION SEAL)**

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