

**CERTIFICATION OF EXPERIENCE**

**APPLICANT INSTRUCTIONS**

1. Complete Section I in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 10.
2. Send this form to the supervisor(s) with whom you worked to complete Section II and the certification. A separate Certificate of Experience should be submitted by each employer.
3. This form must be signed by the supervisor certifying your professional experience and must be returned directly to the Office of the Professions at the address at the end of this form. Forms returned by the applicant or other parties will not be accepted.

**SECTION I: APPLICANT INFORMATION**

<b>1</b>	<b>SOCIAL SECURITY NUMBER</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>2</b>	<b>BIRTH DATE</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>(Leave this blank if you do not have a U.S. Social Security Number)</i>											<i>mo.</i>	<i>day</i>	<i>yr.</i>

**3 PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)**

Last

First

Middle

**4 MAILING ADDRESS**

Apt./Bldg.

Street

City

State  Zip Code

**[IMPORTANT: You must notify the Department promptly of any address or name changes.]**

**5** Name of employer \_\_\_\_\_

**6** Address of employer \_\_\_\_\_

**7** Name of supervisor \_\_\_\_\_

**8** Address of supervisor (if different from employer) \_\_\_\_\_

**9** Address of practice (if different from employer) \_\_\_\_\_

**10** I request and give my permission to the employer and supervisor listed in items 5 and 7 above to complete the information on this form and send any documentation requested, including that requested on this form, to the New York State Education Department.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

## SECTION II: CERTIFICATION OF EXPERIENCE

**INSTRUCTIONS TO SUPERVISOR:** Please complete Section II, sign and date the certification in the presence of a Notary Public and return this form **directly** to the Office of the Professions at the address at the end of this form. This form will not be accepted if incomplete or if returned by the applicant or any other party.

1. Name of applicant \_\_\_\_\_
2. Dates you supervised applicant  
Beginning date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Ending date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Duties of applicant (attach additional sheets if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATION

I certify that to the best of my knowledge and belief the information in items 5-9 of Section I and Section II are true statements of the experience record of the individual named on this form.

Signature of supervisor \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

License number \_\_\_\_\_ Jurisdiction licensed in \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

### NOTARY CERTIFICATION OF IDENTIFICATION (Certification by Notary Public is Required.)

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**RETURN DIRECTLY TO:** 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Specialist Assistant Unit, 89 Washington Avenue, Albany, New York, 12234-1000.