

## Psychoanalyst Form 2A Certification of Graduate Study

### Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2A to the institution(s) where you completed your graduate studies, 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 2A will not be accepted if submitted by the applicant or if it is received in a personal envelope.

### Section I: Applicant Information

1. Social Security Number  
*(Leave this blank if you do not have a U.S. Social Security Number)*
2. Birth Date    Month    Day    Year
3. Print Name    Last  
                    First  
                    Middle
5. Telephone/Email Address  
Daytime Phone  
 Home or  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  Home or  Business  
*(You must notify the Department within 30 days of any address or name changes)*  
Line 1  
Line 2  
Line 3  
City  
State                      ZIP Code  
Country/  
Province
- Area Code                      Phone  
Email Address (please print clearly)  
 Home or  Business
6. New York State DMV ID Number  
(Driver or Non-Driver ID)  
  
*(Leave this blank if you do not have a  
New York State DMV ID Number)*

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.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail 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, Be sure to 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 2A will not be accepted if submitted by the applicant.**

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

**Master's or Higher Degree Program**

completed the program on \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr. and was awarded the degree/diploma/certificate of \_\_\_\_\_ on the date of \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.  
(Title of degree/diploma/certificate)

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

Date of Accreditation \_\_\_\_\_ mo. \_\_\_\_\_ day \_\_\_\_\_ yr.

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

**Certification**

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

Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Institution \_\_\_\_\_

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

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

Email \_\_\_\_\_

Seal

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