

Section II - Verification of National Clinical Nurse Specialist Certification

Instructions to National Clinical Nurse Specialist Certifying Organization: Please complete Section II and return both pages of this form directly to the New York State Education Department at the address at the end of this form. **This form will not be accepted if returned by the applicant or any other party.**

1. It is hereby verified that _____
(see Section I, item 8)
has passed the clinical nurse specialist examination listed below.
2. Certification examination title _____
Certificate awarded (Title) _____
Certificate number _____ Date initial certificate awarded _____
mo. day yr.
Is this nurse currently certified? Yes No Expiration Date _____
mo. day yr.
3. Education program that was basis for admission to the examination
Program _____
Entrance Date _____ Completion Date _____
mo. day yr. mo. day yr.
Degree/Diploma awarded _____ Date _____
mo. day yr.
Institution _____
Address _____

Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is an accurate record of the examination results of the individual named on this form.

Signature _____

Date _____

Print Name _____

Title _____

Agency _____

Address _____

Seal

Telephone _____ Fax _____

Email _____

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