

SECTION II : CERTIFICATION OF EDUCATION

INSTRUCTIONS TO INSTITUTION REGISTRAR:

- 1. Complete part A to document the applicant's preprofessional education.
- 2. Complete either Part B or Part C as appropriate.
- 3. Complete part D (Certification) and return this form directly to the Office of the Professions at the address at the end of this form. Do not return this form to the applicant.

Name of Applicant: _____
(See item 5 on page 1)

Part A – Preprofessional Study

It is certified that the applicant named above satisfactorily completed, prior to matriculation in this professional school, an approved four-year high school course of study and at least sixty semester hours of satisfactory college level preprofessional study, including courses in general chemistry, organic chemistry, biology or zoology, and physics. Yes No

Part B – Programs Registered By New York State As Licensure Qualifying Or Accredited By The American Optometric Association Counsel on Optometric Education (AOACOE) At The Time The Applicant Completed The Program. *To be completed only by those schools at which the applicant completed an optometry program registered by the New York State Education Department as licensure qualifying or accredited by the AOACOE.*

It is certified that the applicant named above:

was awarded the degree of _____ on ____ / ____ / ____
(Title of degree) mo. day yr.

OR

on ____ / ____ / ____ this institution determined that the applicant named above met all requirements for the degree and the institution has agreed to award the degree of _____
(Title of degree)

Part C – All Other Programs. *An official transcript or marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.*

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the optometry school:

Entrance date: ____ / ____ / ____ Completion date: ____ / ____ / ____ Withdrawal date: ____ / ____ / ____
mo. day yr. mo. day yr. mo. day yr.

2. Degree awarded: _____

3. Date degree awarded: ____ / ____ / ____
mo. day yr.

Name of accrediting body or official organization that recognizes this program: _____

Date of Accreditation _____
Year

Address of accrediting body or official organization that recognizes this program: _____

Part D – Certification

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

Signature of Registrar _____ Date ____ / ____ / ____
mo. day yr.

Print name _____

Title or official position _____

Institution _____

Address _____

(INSTITUTION SEAL)

Telephone number _____ Fax _____

E-mail _____

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