## Certified Public Accountant Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

## **Certification of Professional Education**

All Submissions Require an Official Transcript or Marksheets

## **Applicant Instructions**

- 1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 10.
- 2. Send the entire form to the institution you attended and ask the Registrar to complete the appropriate parts of Section II and forward the completed form along with any required documentation directly to the Office of the Professions at the address at the end of the form. Be sure to include any fee required by the institution. This form will not be accepted if submitted by the applicant. The Department does not accept transcripts in sealed envelopes if they are mailed by the applicant. This includes forms and transcripts or marksheets sent to the applicant via courier.

Note: A separate Form 2 must be submitted for <u>each</u> institution you attended.

Section I: Applicant Information																											
1 Socia	l Secur													2	Bir	th [	Date	•		Mo	onth		Day	Yea	ar.		
(Leave this blank if you do not have a U.S. Social Security Number)																											
Print Name Exactly As It Appears On Your Application for Licensure (Form 1)																											
Last																ſ	5	Tel	eph	one	/E-N	/lail	Add	dres	s		
First																L		Dayt	ime	Pho	ne						
Middle																											7
4 Mailing Address (You must notify the Department promptly of any address or name changes.)  Area Code Phone Number  E-Mail Address (Please print clearly)																											
Line 1																		E-M	ail A	ddr	ess	(PI	ease	e prir	nt cl	earl	<u>y)</u>
Line 2																											
Line 3																											
City																											
State			;	Zip C	Code																						
Country/ Province																											
6 Institu	6 Institution attended:																										
Print name under which degree was awarded:																											
8 Dates	8 Dates of attendance from: to:																										
9 Name of degree/diploma issued:// Date awarded://																											
I request and give my permission to the Institution listed in item 6 above to attach to this form an official transcript or marksheets and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure.																											
Applio	Applicant's signature: Date:/																										
Section II: Certification of Professional Education																											
INSTRUCTIONS TO INSTITUTION REGISTRAR:																											
<ol> <li>Complete Part A, B, or C to document the applicant's education.</li> <li>Sign and date the certification and return both pages of this form and an official transcript or marksheets directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.</li> </ol>																											
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Name o	Name of applicant:(See Section I. item 7)																										
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Section II: Certificat	n Of Professional Education (Continued)
An official transcript To be completed by official qualifying. Please not	leges where the applicant completed a program registered by the New York State Education Department as licensure The 5 digit Program Code on the Inventory of Registered Programs is not the same as the 6 digit Institutional ID. The
•	n Title listed for this Program Code must match the degree and major listed on the transcript.
it is fiereby certified t	at the above named applicant completed his/her degree requirements on: /, and was awarded the mo. day yr.
degree of	on the date of/, and the curriculum mo. day yr.
completed at the time	he degree was awarded was registered by the New York State Education Department as licensure qualifying. The official
	am code completed by the applicant are as follows:
Program title	Program code: 120 hour program program code: 150 hour program
PART B - United St An official transcript	es Programs Not Registered As Licensure Qualifying By The New York State Education Department nust be attached
To be completed by l	S. colleges whose programs are not registered by the New York State Education Department as licensure qualifying.
(1) Date of applicant	entrance, date of completion of studies or withdrawal from the school:
Date of Admissio	// Date of Completion/withdrawal://
(0) 5	// Date of Completion/withdrawal://
(2) Degree and majo	conferred: Date of conferral: / / / yr.
(3) Degree or course	in progress. Expected completion date: / / mo. day yr.
	g body or official organization that recognizes this school:
(5) Is the degree/ma	r listed in (2) above accredited by the AACSB in accounting and business?
<ul><li>(1) Length of program</li><li>(2) Date of admission</li></ul>	Department via regular mail service. //
(4) Degree conferred	Date of conferral: / mo. day yr.
Name of accrediting b	ly or official organization that recognizes this accounting program:
Address of accrediting	ody or official organization that recognizes this accounting program:
	mpleted by the Registrar for all institutions be best of my knowledge and belief the information in Section II is a true statement of the education record of the individual named
Signature of Registrar:	////
	mo. day yr.
Title or official position	(INSTITUTION
Institution:	SEAL)
Address:	
Telephone number	Fax E-mail
	York State Education Department, Office of the Professions, Division of Professional Licensing Services, Certified Public Duntancy Unit, 89 Washington Avenue, Albany, NY 12234-1000.
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