

Section II: Certification of Professional Education

Instructions to Registrar:

1. Complete Part A or Part B to document the applicant's education.
2. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form.
This form will not be accepted if returned by the applicant.

Name of Applicant: _____
(Section I, item 5)

Part A - Completion of Education Requirement:

The applicant completed a master of social work program that was, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for the Licensed Clinical Social Worker.

It is certified that the applicant:

completed the program on _____ / _____ / _____ State Education Department Program Code: _____
mo. day yr.

and was awarded the degree/diploma of: _____ on _____ / _____ / _____
(Title of degree/diploma) mo. day yr.

OR

on _____ / _____ / _____ the institution determined that the applicant has met all requirements for the degree/diploma and the
mo. day yr.

institution has agreed to award the degree/diploma of _____
(Title of degree/diploma)

Part B - PLEASE COMPLETE THIS PART FOR PROGRAMS NOT REGISTERED AS LICENSURE-QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT FOR THE LICENSED CLINICAL SOCIAL WORKER AT THE TIME THE APPLICANT COMPLETED THE PROGRAM. An official transcript or marksheet 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 school:

Entrance date: _____ / _____ / _____
mo. day yr.

Completion date: _____ / _____ / _____
mo. day yr.

Withdrawal date: _____ / _____ / _____
mo. day yr.

Did the applicant complete a field practicum of at least 900 clock hours? (check one) **Yes** **No**

If "no", number of clock hours completed: _____

2. Degree/diploma conferred: _____

3. Date degree/diploma conferred: _____ / _____ / _____
mo. day yr.

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

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

Section II: Certification of Professional Education (continued)

Part B (continued) - LIST THE COURSES THAT WERE COMPLETED IN THE M.S.W. PROGRAM THAT MEET THE REQUIREMENT FOR AT LEAST 12 SEMESTER HOURS, OR THE EQUIVALENT, OF CLINICAL COURSEWORK THAT PREPARES THE APPLICANT TO PRACTICE AS A LICENSED CLINICAL SOCIAL WORKER. *The courses listed must be included on the official transcript provided by the graduate social work program.*

Required Content Area	Course Number, Title and Semester Hours
Diagnosis and assessment in clinical social work process	
Clinical social work treatment	
Clinical social work practice with general and special populations	

Part C - Certification: This form will not be accepted if the date below precedes the date in either Part A or Part B.

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.

Type or print name Amy Greenberg, LCSW, MA

Title or official position Director of Internships and Programs

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(SEAL)

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