The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Certification of Completion

(Coursework/Training in Identification and Reporting of Child Abuse and Maltreatment)

Part A: Trainee Information

1. Trainee must complete all items in Part A. Return to provider for completion of Part B, "Certification by Approved Provider"
2. The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification for the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for, or renews, a license, registration certificate, permit, or teaching certificate.
3. Address for submitting form is as follows:

- **Professional License or Permit:** New York State Education Department, Division of Professional Licensing Services, [give name of profession], 89 Washington Avenue, Albany, NY 12234.
- **Reregistering Licensees:** Your certificate should be included with your reregistration application in the envelope provided with those materials.
- **Teacher Certification:** New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234.

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 YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS**

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐

4 **MAILING ADDRESS** (You must notify the Department promptly of any address or name changes.)

Line 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Line 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ Zip Code ☐☐☐☐☐ ☐☐☐☐

5 Complete information below if you hold, or are applying for professional license(s) or a permit:

Name of Profession(s):

_____

New York State License Number: ☐☐☐☐☐☐

_____

New York State License Number: ☐☐☐☐☐☐

_____

Permit Number: ☐☐☐☐☐☐

6 Complete information below, if you hold, or are applying for a teaching certificate:

Certificate Title(s):

_____

_____

New York State Certificate Number (other then Social Security Number, if any):

☐☐☐☐☐☐☐☐☐☐

Trainee's Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Part B: Certification by Approved Provider

1. Provider must complete Part B.
2. Two copies should be returned to the trainee within ten calendar days of the completion of the coursework or training.
3. The provider of the coursework or training must retain a copy. This copy must be retained in the provider's files for not less than five years from the date the course was completed.

Pursuant to Chapter 544 of the Laws of 1988, I certify that the person indicated in Part A has completed the required coursework or training regarding the identification and reporting of child abuse and maltreatment.

_____ _____
Signature of Authorized Certifying Officer | Name of Authorized Certifying Officer

_____ _____ _____
Approved Provider Name | Identification Number | Date(s) of Coursework or Training