



Educational History/Professional Licenses Addendum

Name (Last, First M.I.)		Position				
1. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
2. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
3. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
4. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
5. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
6. Institution Name	Degree Earned	Attended From	Attended To	Did you Graduate?	Number of Credits	
Address		City		State	Zip Code	
If the position for which you are applying requires a license, including New York State Driver's License, certification or other authorization to practice a trade or profession, complete the following section:						
Type/Class	License Number	Expiration Date	Issuing Authority	State		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		