Supreme Court of the State of New York
Appellate Division: Second Judicial Department

ORIENTATION TO THE PROFESSION PROGRAM

MAIL-IN REGISTRATION FORM

NAME AS IT APPEARS ON NOTICE OF CERTIFICATION
ADDRESS (street, city, state and zip code)
DATE OF BIRTH (mo/day/year)
DAY TIME PHONE
E-MAIL ADDRESS
COMPLETE ONE: I have been certified to the Appellate Division, Second Judicial Department as having passed the NYS bar examination administered in (mo/year) _____. – or – I am a candidate for admission to practice on motion in the Appellate Division, Second Judicial Department. My application papers were filed in the office of the Departmental Committees on Character and Fitness on or about (date) _____.
PROGRAM SELECTION: Please insert three alternative selections from the program schedule. The Office of Special Counsel will determine availability and send you confirmation. Date / Location 1st Choice: _____ _____ 2nd Choice: _____ _____ 3rd Choice: _____ _____

Print, complete, and mail or fax to:

Office of Special Counsel
c/o Second District Court
30 East Hoffman Ave.
Lindenhurst, NY 11757-5011
Fax: (631) 854-1135