

MANDATORY CONTINUING EDUCATION QUESTIONNAIRE FOR DELAYED REGISTRATION

To review continuing education requirements specific to your profession, please visit www.op.nysed.gov/proflist.htm. Please provide the information requested below. Submit this form with appropriate documentation and the delayed registration application (and fee if applicable) in the envelope provided.

For Certified Public Accountants and Public Accountants Only:

Please skip questions 1-3 and complete the bottom of this page

If you **have not** engaged in public practice since your registration expired, please complete the Continuing Education Summary on page 2 of this form documenting 24 hours of acceptable MCE within the last 12 months.

If you **have** engaged in public practice at any time since your last registration expired, please complete the Continuing Education Summary on page 2 of this form and provide documentation showing that you have met your MCE during the period of unregistered practice.

1. During the period that you were not registered to practice in New York, were you lawfully practicing this profession in another jurisdiction? (For continuing education information specific to your profession, please visit www.op.nysed.gov/proflist.htm.)

Yes, I was practicing this profession in a jurisdiction other than New York State.

Name of jurisdiction: _____ Last date of practice: _____

No, I did not practice this profession in another jurisdiction. (**Speech-Language Pathologists and Audiologists must answer question 2. All others may skip to question 3**)

2. Have you taken any continuing education related to your profession within the last 36 months? (For continuing education information specific to your profession, please visit www.op.nysed.gov/proflist.htm.)

Yes, I took _____ hours of continuing education **within the last 36 months**. Please complete the Continuing Education Summary Table on page 2 of this form and attach copies of your certificates of completion or transcripts.

No, I have not completed any continuing education within the last 36 months.

3. Have you taken any continuing education related to your profession within the last 12 months? (For continuing education information specific to your profession, please visit www.op.nysed.gov/proflist.htm.)

Yes, I took _____ hours of continuing education **within the last 12 months**. Please complete the Continuing Education Summary Table on page 2 of this form and attach copies of your certificates of completion or transcripts.

No, I have not taken any continuing education within the last 12 months.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Profession: _____ License number: _____

Telephone: _____ Fax: _____

E-mail: _____

