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## Speech-Language Pathologist & Audiologist Licensing Application Packet

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***Need Additional Information?***

Check our Web site for copies of forms, Education Law, approved programs and **More!**

**WWW.OP.NYSED.GOV**

***Please Note!***

If you had previously held a license to practice this profession in New York, **DO NOT** complete this application. You must contact the Office of the Professions to request the application to register/reactivate your license registration by calling **518-474-3817 Ext. 570** or by e-mailing **op4info@mail.nysed.gov**.

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

Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000



Rev. 1/11

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Form 2	-	Certification of Professional Education
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## Additional Forms

Form AD/NAME	-	Address/Name Change Form
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### **FOR FUTURE REFERENCE**

**IN THE EVENT OF AN EMERGENCY** that impacts the licensed professions, the Office of the Professions will provide important information, specific to the situation, through our **Web site** ([www.op.nysed.gov](http://www.op.nysed.gov)), our **automated phone system** (518-474-3817), and/or our **regional offices**. This information will include emergency provisions for professional practice as well as updates on scheduled events and services (licensing examinations, professional discipline proceedings, examination reviews, etc.).



## Ways to reach us...

### ⇒ General Customer Service

The Office of the Professions' staff can be reached by calling 518-474-3817, TDD/TTY 518-473-1426. Staff are available from 8:30 a.m. to 4:45 p.m., Eastern Time, Monday through Friday. You may also fax a message to 518-474-1449 or e-mail us at [op4info@mail.nysed.gov](mailto:op4info@mail.nysed.gov).

### ⇒ On The World Wide Web

Information about the Office of the Professions and the 48 licensed professions, including information on all licensees, is available on our home page at:

**[www.op.nysed.gov](http://www.op.nysed.gov)**

### ⇒ License Application Status

Find out the **status of your license application** by checking our Web site where your name is added immediately when a license is issued, or contact:

New York State Education Department, Office of the Professions, Division of Professional Licensing Services  
**Speech-Language Pathology and Audiology Unit**, 89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 270, FAX: 518-402-5354, E-MAIL: [opunit3@mail.nysed.gov](mailto:opunit3@mail.nysed.gov)  
Please include your name, the last 4 digits of your social security number, date of birth, and the name of the profession.

### ⇒ Verification of Education Credentials From Foreign or Non-Approved Programs

If you have questions about acceptable documentation required to verify education completed outside the U.S. or in non-approved programs, contact:

New York State Education Department, Office of the Professions, **Bureau of Comparative Education**  
89 Washington Avenue, Albany, New York 12234-1000  
PHONE: 518-474-3817 ext. 300, FAX: 518-486-2966, E-MAIL: [comped@mail.nysed.gov](mailto:comped@mail.nysed.gov)

### ⇒ Practice Issues

For answers to questions concerning practice issues, contact:

NYS Education Department, Office of the Professions,  
**State Board for Speech-Language Pathology and Audiology**  
89 Washington Avenue, Albany, NY 12234-1000  
PHONE: 518-474-3817 ext. 100, FAX: 518-474-3706, E-MAIL: [speechbd@mail.nysed.gov](mailto:speechbd@mail.nysed.gov)

## Other Important Contact Information...

### Licensing Examination

Licensing examinations for Speech-Language Pathology and Audiology are administered by the Educational Testing Service. Contact them at:

ETS - The PRAXIS Series  
P.O. Box 6051  
Princeton, NJ 08541-6051  
Phone: 1-800-772-9476  
Fax: 1-609-530-0581 or 1-609-771-7906  
Web: [www.ets.org/praxis](http://www.ets.org/praxis)

# GENERAL LICENSING INFORMATION

Please read this general licensing information for all professions before proceeding to the detailed instructions for your profession.

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## INTRODUCTION

A professional license is the authorization to practice and use a professional title in New York State. Your license is valid for life unless it is revoked, annulled, or suspended by the Board of Regents. This application packet contains the forms and instructions you need to apply for a license.

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## LICENSURE AND REGISTRATION

Once received, your application and all required supporting material will be reviewed. If you meet all the licensure requirements, we will issue you a license and your first registration certificate. You will be entitled to practice in New York State as of the effective date of the license.

You may find out if your license has been issued (including your license number and effective date of licensure) by checking for your name in the listing of all licensed professionals on the Web at [www.op.nysed.gov](http://www.op.nysed.gov) or by calling our telephone verification service at 518-474-3817. Written confirmation of licensure -- your license parchment and registration certificate -- is mailed within two working days following the licensure date.

To practice in New York under the authority of your license, you must re-register every three years. You are automatically registered for your first registration period when your license is issued. Thereafter, we will send you renewal information to the name and address we have on file (see the Address or Name Changes section on next page), at least four months before your registration expires.

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## VERIFYING YOUR APPLICATION CREDENTIALS

To ensure authenticity of credentials, the New York State Education Department's Office of the Professions requires evidence of your compliance with each licensure requirement **directly** from the organization where you met the requirement (e.g., school, testing agency, licensing authority, certifying board, hospital, employer, etc.). These records and documents must bear an original (**not photocopied**) signature of the official who maintains the records and stamp or seal of the institution where the credentials are maintained. **You are responsible for asking organizations and individuals to complete and directly submit to us the documentation you need.** Keep a record of your verification requests. To ensure protection of the public, the Office of the Professions regularly re-verifies credentials directly with the issuing institution to assure authenticity. In some cases, this may delay licensure.

**NOTE: Forms and transcripts from the originating institution must be mailed directly to the Department from the issuing institution in a sealed official envelope bearing the institution's name and address. Verifying organizations may take eight weeks or more from the date of your request to send the required independent verifications. The Office of the Professions cannot evaluate your credentials until we receive the required documentation. You must consider this time factor in deciding when to submit your application for licensure.**

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**ADDRESS OR NAME CHANGES**

If your mailing address or name changes, you must contact the Department to update your records and provide the following identifying information: your full name, the last 4 digits of your social security number, profession and date of birth. Failure to provide the Department with your change of address or name will delay processing your application.

**For address changes** you may phone, fax or e-mail:

Phone: 518-474-3817 ext. 270  
TDD/TTY 518-473-1426

Fax: 518-402-5354

E-mail: [opunit3@mail.nysed.gov](mailto:opunit3@mail.nysed.gov)

**For name changes** a fax or e-mail is not acceptable. You must provide written notification of any name change with an original notarized signature in your new name to:

NYS Education Department, Office of the Professions  
Division of Professional Licensing Services  
Speech-Language Pathology and Audiology Unit  
89 Washington Avenue  
Albany, NY 12234-1000

**NOTE: Once you are licensed, Education Law requires that you notify the Department of any change in your mailing address or name within 30 days of that change. Failure to do so may be considered professional misconduct. It may also delay renewal and result in late fees to renew the registration of a professional license.** You may use the Form AD/NAME located in the back of this packet or print a copy from our Web site at [www.op.nysed.gov/anchange.pdf](http://www.op.nysed.gov/anchange.pdf) to notify the Department of a change in your address or name.

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**PROFESSIONAL CONDUCT**

All licensed practitioners must adhere to rules of professional conduct. The Education Law includes definitions of professional misconduct, and the Board of Regents has adopted Rules defining unprofessional conduct for all professions. Every licensee is also governed by a set of Laws, Rules, and Regulations for the practice of the profession.

Title 8 of the NYS Education Law is available on our Web site at [www.op.nysed.gov/title8/](http://www.op.nysed.gov/title8/).

Part 29 of the Rules of the Board of Regents is available on our Web site at [www.op.nysed.gov/title8/part29.htm](http://www.op.nysed.gov/title8/part29.htm).

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**RECORDS RETENTION AND DISPOSITION STATEMENT**

Applications are considered active while an applicant is providing documentation to meet the requirements for a professional license or post-licensure certificate (i.e., examination grades, educational credentials and professional work experience).

If you withdraw your application or your application is inactive for five (5) consecutive years, any documents submitted as part of your application will be destroyed in accordance with the Records Retention and Disposition schedule on file with the State Archives and Records Administration.

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**DISCLOSURE OF SOCIAL SECURITY NUMBERS**

In accordance with Federal and State laws, the New York State Education Department requires that all applicants for professional licensure provide their Federal Social Security Number (SSN). Individuals without a SSN will be assigned a random, computer-generated nine-digit identifier. The agency will use the SSN or assigned numeric identifier to maintain accurate license and registration records. This information may be shared with other State or Federal agencies, consistent with applicable laws and departmental policy, but will otherwise be kept confidential.

The specific statutory authority for requiring Federal Social Security Numbers is in the following: Federal Law-Privacy Act of 1974 (Section 7 of P.L., 93-579); Welfare Reform Act of 1996 (42 USCA 666 (a)); New York State Law-Title 8, Section 6507, paragraph 4(e) Education Law; Section 5 of the Tax Law.

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# APPLYING FOR A LICENSE AS A SPEECH-LANGUAGE PATHOLOGIST AND/OR AUDIOLOGIST

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## GENERAL REQUIREMENTS

Any use of the title "Speech-Language Pathologist" or "Audiologist" within New York State requires licensure, except in certain "exempt" settings. These settings include:

- Federal, State or local governments
- Public or nonpublic elementary or secondary schools
- Colleges and universities

**Note:** To provide speech services in a public school in New York State, "Teacher Certification" is the appropriate credential. For information regarding teacher certification, contact the Office of Teaching Initiatives at 518-474-3901.

**To be licensed as a speech-language pathologist or audiologist in New York State you must:**

- be of good moral character;
- be at least 21 years of age;
- meet education requirements;
- meet experience requirements; and
- meet examination requirements.

Submit an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, Article 159, section 7206 of New York's Education Law and Part 75 of the Commissioner's Regulations. The Law and Regulations are available on our Web site at [www.op.nysed.gov/prof/slpa](http://www.op.nysed.gov/prof/slpa).

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**FEES** (fees listed are those in effect at the time this application was printed)

### Fee Schedule:

The fee for licensure and first registration is \$294.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. **Your cancelled check is your receipt.**
- Mail your application and fee to: **NYS Education Department, Office of the Professions at the address at the end of the Application for Licensure (Form 1).**

**PLEASE NOTE:** Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

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## PARTIAL REFUNDS

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Speech-Language Pathology and Audiology Unit by e-mailing [opunit3@mail.nysed.gov](mailto:opunit3@mail.nysed.gov) or by calling 518-474-3817 ext. 270 or by faxing 518-402-5354.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the licensure fee and meet the licensure requirements in place at the time you reapply.

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## EDUCATION REQUIREMENTS

### Speech-Language Pathology

You must have obtained a graduate degree in speech-language pathology from a New York State registered licensure qualifying program, a program accredited by the American Speech Language and Hearing Association (ASHA), or the equivalent. To be considered equivalent, your educational program must culminate in a graduate degree from a college or university acceptable to the Department. It must include a practicum and 75 semester hours of courses as specified below. At least 36 of the 75 semester hours must be at the graduate level.

- **Human Communication Processes and Sciences: 12 semester hours**, including but not limited to course content in:
  - normal anatomy and physiology of speech and swallowing;
  - cognitive and linguistic bases of language; and
  - neural bases of speech, hearing, language and swallowing.
- **Professional Practice Areas in Speech-Language Pathology: 36 semester hours**, including but not limited to course content in multicultural issues and in diagnostic assessment and treatment of person with disorders of:
  - articulation/phonology;
  - fluency;
  - voice and resonance;
  - receptive and expressive language;
  - literacy;
  - hearing; and
  - swallowing.
- Plus **an additional 27 semester hours** in the above content areas or related areas in:
  - audiology/aural rehabilitation;
  - cognitive/psychosocial aspects of communication;
  - cleft palate/craniofacial anomalies;
  - augmentative and alternative communication (AAC);
  - research methodology;
  - counseling;
  - professional issues;
  - ethics; and
  - infection control issues related to the prevention of communication disorders.
- **Practicum in Speech-Language Pathology: a minimum of 400 clock hours under supervision**, including:
  - at least 375 clock hours in direct client contact;
  - at least 25 clock hours in clinical observation;
  - at least 325 clock hours at the graduate level.

### Audiology

You must have obtained a graduate degree in audiology from a New York State registered licensure qualifying program, a program accredited by the American Speech Language and Hearing Association (ASHA), or the equivalent. To be considered equivalent, your educational program must culminate in a graduate degree from a college or university acceptable to the Department. It must include a practicum and 75 semester hours of courses as specified below. The 75 semester hours must be at the graduate level.

- **Human Communication Processes and Sciences: 12 semester hours**, including but not limited to course content in:
  - anatomy and physiology of hearing and balance;
  - hearing and speech science; and

- auditory development.
- **Professional Practice Areas in Audiology: 36 semester hours**, including but not limited to course contact in adult and pediatric coursework in:
  - diagnostics in hearing and balance;
  - amplification, hearing assistive technology, and dispensing practices;
  - aural rehabilitation;
  - electrophysiology;
  - cochlear implants;
  - cerumen management;
  - tinnitus;
  - instrumentation;
  - auditory and vestibular pathology and treatment; and
  - hearing conservation.
- Plus **an additional 27 semester hours** in the above content areas or related areas in:
  - professional areas in speech-language pathology;
  - ethics;
  - infection control;
  - research methodology;
  - counseling;
  - genetics;
  - neuroscience;
  - mathematics/statistics;
  - multicultural issues;
  - psycho-social impact of hearing loss; and
  - business practices.
- **Practicum in Audiology**
  - Doctoral degree program in audiology, including a minimum of 1,820 clock hours of graduate clinical experience under supervision.
  - Master's degree program in audiology, including a minimum of 400 clock hours of practicum under supervision provided that no more than half of the total clock hours of practicum may be advanced standing credit granted for audiology study at the baccalaureate level.

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## EXPERIENCE REQUIREMENTS

You must complete a minimum of 36 weeks of supervised experience in speech-language pathology or audiology. (Any break in time, e.g., maternity leave or, in a school setting, summer break, should be compensated for in the ending date.) The experience cannot begin until after all requirements (including any examinations or completion of a thesis) for the graduate degree are satisfied.<sup>1</sup>

- **Nature of Experience**

Your experience should include direct clinical work with patients or students, consultations, record keeping, and any other duties relevant to clinical practice. At least two thirds of the experience should involve direct clinical contact with persons who have communication disorders. Time spent in academic teaching, research, or administrative activities that do not deal directly with patient management should not be counted as professional experience in this context. No partial credit can be given for unsatisfactory completion of supervised experience.

- **Part-time or Full-time Experience**

The supervised experience must be completed within a four-year period with not more than two employers, and may be full-time or part-time:

Full-time: At least 36 weeks (e.g., full school year, September to June) of continuous employment consisting of at least 35 hours per week.

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<sup>1</sup>With one exception: licensure applicants who are candidates for Au.D. degrees may begin the required experience BEFORE the Au.D. degree is awarded if they have completed all prerequisite Au.D. coursework and practica.

Part-time: Continuous periods of employment of not less than six months, accumulated at the rate of not less than two days per week and consisting of not less than 12 hours per week with any one employer. Applicants employed part-time should contact the New York State Board for Speech-Language Pathology and Audiology to determine the total amount of time required under these conditions.

- **Supervision of Experience**

Your supervisor should meet with and observe you on a regular basis to review and evaluate your experience and to foster your professional development. For additional information see the "Guidelines for Evaluating Applicants Experience" or the Identification of Supervisor and Setting (Form 4A).

Supervision must be provided where you work by an individual licensed in New York State in the field for which you seek licensure. However, experience acquired in another state or in an exempt setting such as a public or nonpublic school may be supervised by a person holding the appropriate Certificate of Clinical Competence of the American Speech-Language Hearing Association (ASHA).

To become licensed as a New York State speech-language pathologist or audiologist, you must complete experience as stated above. You are exempt from licensure for professional practice completed as part of this requirement. If your experience is just beginning, or has begun, an acknowledgement (Form 6 - Acknowledgement or Supervisory Plan for Licensure in Speech-Language Pathology) may be issued from the Speech-Language Pathology and Audiology Board Office. If you and/or your employer wish to have a Form 6 issued, you must file an application for licensure, submit the fee, have your school document completion of your educational program, and submit Identification of Supervisor and Setting (Form 4A). Once the Office of the Professions has received and approved all this documentation, the State Board can issue the Form 6. It is acceptable to complete your experience outside New York State as long as your supervisor is certified by the American Speech-Language Hearing Association (ASHA).

If you have been practicing in another state and are no longer in contact with the supervisor you completed your experience with, you may submit your copy of the CFY report for consideration to the Speech-Language Pathology and Audiology Unit at 89 Washington Avenue, Albany, NY 12234-1000.

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## **GUIDELINES FOR EVALUATING APPLICANT EXPERIENCE**

The supervisor is responsible for verifying to the State Board for Speech-Language Pathology and Audiology that the applicant has completed professional-level experience. Suggestions for consideration under each competency listed below are not intended to be all-inclusive or limited to those stated. Rather, they are intended as examples of professional behaviors to be accomplished by the applicant. Also, the suggestions for consideration are not intended to establish specific criteria, to restrict supervisor judgement, or to limit in any way the scope of professional practice.

The Board recommends that the supervisor monitor the applicant's time a minimum average of 3 hours per week for full-time experience, or 1-1/2 hours for part-time. The monitoring should involve direct observation of the applicant's clinical practice. The use of audio tapes, video tapes, reports, and/or discussions with administrators or colleagues may supplement the direct contact. The supervisor should maintain written documentation of contacts with the supervisee.

### **General**

- 1. The applicant demonstrates ability to communicate effectively. Consider if the applicant:**
  - I. Communicates, as necessary, in an advocacy role for clients/patients.
  - II. Interprets clinical data to clients/patients and caregivers effectively.
  - III. Participates in professional meetings and case conferences.

2. **The applicant demonstrates understanding of human growth and development. Consider if the applicant:**
  - I. Demonstrates knowledge of developmental milestones.
  - II. Differentiates between normal and abnormal aspects of physical, emotional, and social development.
  - III. Understands the role of communication in social, emotional, intellectual, and educational processes.
3. **The applicant demonstrates professional responsibility and conduct.**
4. **The applicant displays understanding of the roles and responsibilities of other professionals and the importance of interdisciplinary cooperation. Consider if the applicant:**
  - I. Understands the organizational structure of the work environment and interacts appropriately with other professionals.
  - II. Is aware of regulations governing other professionals in client/patient care.
  - III. Respects confidentiality of client/patient information.
  - IV. Uses appropriate referral procedures.

### **Specific**

1. **The applicant applies a functional understanding of communication development in the delivery of clinical services. Consider if the applicant:**
  - I. Displays knowledge of the interrelationships among the various speech-language-hearing processes and the effects of impairment in one area on functions in other areas.
2. **The applicant uses appropriate, representative methods and materials in diagnosis/assessment. Consider if the applicant:**
  - I. Selects and administers appropriate diagnostic tests and procedures.
  - II. Records diagnostic/assessment results accurately.
  - III. Interprets diagnostic/assessment results accurately, concisely, and clearly.
  - IV. Uses diagnostic/assessment interpretations as a basis for a course of action.
3. **The applicant effectively uses appropriate equipment in diagnosis/assessment and treatment/remediation.**

#### **In Speech-Language Pathology, consider if the applicant:**

- I. Demonstrates skill in the use of appropriate audiometric and tympanometric screening equipment, audio and video recording equipment, and other equipment which may be required for clinical management.
- II. Is familiar with equipment used by other professions which may be relevant to diagnosis/assessment and treatment/rehabilitation.

#### **In Audiology, consider if the applicant:**

- I. Uses speech-language screening instruments, audiometric, aural acoustic immittance vestibulometric, hearing aid acoustic evaluation equipment, sound level measurement and audiometric calibration devices and other instruments which may be required for audiological diagnosis/assessment and/or treatment of hearing disorders.
  - II. Knows prevailing audiological instrumentation calibration standards and procedures as well as prevailing standards of ambient background sound levels in an audiometric test environment.
  - III. Reads and interprets manufacturing specifications for personal and group prosthetic amplification in light of prevailing standards.
  - IV. Is familiar with commercially available materials used for the evaluation of auditory function.
4. **The applicant plans, organizes, and implements an effective and efficient treatment/remediation program. Consider if the applicant:**
    - I. Recognizes in his/her program planning the interrelationship existing among aspects of the total program.
    - II. Follows work environment procedures in scheduling.
    - III. Works cooperatively with others in planning.

- IV. Considers client/patient needs in planning and scheduling.
  - V. Uses time efficiently and effectively.
  - VI. Uses current professional knowledge in determining length, frequency, and types of sessions, and in making other planning decisions.
5. **The applicant displays a fundamental knowledge of the principles underlying the treatment/remediation of communication disorders, uses appropriate methods and techniques in the provision of services, and maintains appropriate records.**

**In Speech-Language Pathology, consider if the applicant:**

- I. Employs rationale for selecting treatment/remediation methods and materials.
- II. Uses methods and materials appropriate to the client/patient.
- III. Provides clear direction in managing client behavior.
- IV. Prescribes assignments and carry over activities when necessary.
- V. Communicates treatment/remediation goals and techniques to the client/patient and family members.
- VI. Is supportive and provides appropriate reinforcement.
- VII. Integrates information from other professionals in treatment/remediation.
- VIII. Aids the client/patient in identifying target communication function and in discriminating appropriate from inappropriate communication behavior.
- IX. Explains causation, prognosis, and planning in a clear, understandable, concise manner.
- X. Provides treatment/remediation commensurate with the client/patients intellectual, social, emotional, and educational levels.
- XI. Determines the need for augmentative communication, and selects and uses the appropriate systems.

**In Audiology, consider if the applicant:**

- I. Demonstrates knowledge of FDA warning signs concerning the fitting of prosthetic amplification.
  - II. Determines the need for prosthetic amplification and devices based on appropriate audiological assessment procedures.
  - III. Demonstrates an awareness of state-of-the-art technology in available forms of prosthetic amplification.
  - IV. Selects prosthetic amplification appropriate for the client/patient need.
  - V. Demonstrates a knowledge of earmold acoustics, styles, and materials.
  - VI. Demonstrates earmold impression-taking skills.
  - VII. Fits and adjusts prosthetic amplification.
  - VIII. Provides and interprets appropriate measures of listener performance with prosthetic amplification.
  - IX. Plans and implements a program of orientation for the user of prosthetic devices.
  - X. Recommends and implements auditory rehabilitation measures such as speechreading, auditory training, and other communication strategies as indicated.
  - XI. Monitors client/patient progress, determines the need for service/repair of prosthetic amplification, and takes appropriate action.
  - XII. Provides remedial services.
  - XIII. Provides or refers for support counseling for hearing impaired individuals and their families.
  - XIV. Demonstrates ability to organize and implement a hearing conversation program consonant with existing federal and state regulations.
  - XV. Provides or refers for educational evaluation to determine appropriate school placement for children with a hearing loss.
  - XVI. Demonstrates knowledge of selection and fitting techniques for specialized prosthetic devices for management of unique auditory disorders.
  - XVII. Demonstrates knowledge of selection and fitting techniques for specialized prosthetic devices for personal hearing protection.
  - XVIII. Provides information about and prescribes assistive devices such as alarms, group listening devices, Fm systems, etc.
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## EXAMINATION REQUIREMENTS

To meet the examination requirement for licensure as a Speech-Language Pathologist or Audiologist, you must pass the Specialty Area test of the Praxis Series, Praxis II, administered by the Educational Testing Service (ETS) in your licensure area.

- New York State's acceptable passing score is 600.
- Examination scores must be sent directly from ETS. Request scores to be sent to agency code **R7747**.
- ETS retains scores for ten years. If your scores are no longer available from the testing service, they may be verified by ASHA. Contact ASHA at:

ASHA  
2200 Research Blvd.  
Rockville, MD 20850-3289  
Phone: 800-498-2071  
E-mail: [actioncenter@asha.org](mailto:actioncenter@asha.org)  
Web: [www.asha.org](http://www.asha.org)

The examination is administered at over 400 test centers throughout the nation. Schedule information and registration materials for the examination may be obtained directly from ETS by calling **609-771-7395**, or writing to The Praxis Series, Educational Testing Service, PO Box 6051, Princeton, NJ 08541-6051 or on the Web at [www.ets.org](http://www.ets.org).

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## LICENSURE BY ENDORSEMENT IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY

If you hold a license in speech-language pathology or audiology issued by another jurisdiction, you may be eligible for licensure by endorsement in New York State by either Path A or B:

### Path A

If you are seeking licensure by endorsement of a license in speech-language pathology or audiology issued by another jurisdiction of the United States, you will need to meet the following requirements:

- meet the requirements of Section 59.6 of the Commissioner's Regulations;
- complete an acceptable program in speech-language pathology or audiology that includes a practicum and a minimum of 60 semester hours in speech-language pathology or audiology, as applicable;
- have at least two years of acceptable professional experience in speech-language pathology or audiology, as appropriate, provided that such experience occurs following licensure in such jurisdiction and within six years immediately preceding application for licensure by endorsement in New York State;
- have a passing score on the Specialty Area test of the Praxis Series, Praxis II, administered by the Educational Testing Services (ETS);
- hold certification from an acceptable certifying agency (ASHA); and
- be in good standing as a licensee in each jurisdiction in which you are licensed to practice speech-language pathology or audiology.

### Path B

If you are seeking licensure by endorsement of a license in speech-language pathology or audiology issued by another country, you will need to meet the following requirements:

- meet the requirements of Section 59.6 of the Commissioner's Regulations;
- complete an acceptable program in speech-language pathology or audiology as applicable; or the equivalent of such a program;
- have at least three years of acceptable professional experience in speech-language pathology or audiology, as applicable, in New York State, in another jurisdiction, or in the country where you are licensed, provided that such experience occurs following licensure in such jurisdiction and within the

- six years immediately preceding application for licensure by endorsement in New York State;
- have a passing score on the Specialty Area test of the Praxis Series, Praxis II, administered by the Educational Testing Services (ETS) or pass a written examination for licensure in the country in which you are licensed to practice speech-language pathology or audiology, as applicable;
  - hold certification from an acceptable certifying agency (ASHA); and
  - be in good standing as a licensee in each jurisdiction in which you are licensed to practice speech-language pathology or audiology.
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# COMPLETING THE APPLICATION FORMS

## *for licensure as a Speech-Language Pathologist and/or Audiologist*

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### INSTRUCTIONS

Please type or print all information and sign all forms in black or blue ink. Original signatures are required on all forms. Be sure to check which profession you are applying for on each form.

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### FORM 1 - APPLICATION FOR LICENSURE

**All applicants for licensure** must complete this form and submit it with the \$294 fee for licensure and first registration directly to the Office of the Professions at the address at the end of Form 1. Make checks payable to the New York State Education Department. **NOTE: Your cancelled check is your receipt.**

You **must** answer **all** questions and provide **all** information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. **Your signature on Form 1 must be notarized by a Notary Public.**

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### FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

**If you received your graduate degree before April 1, 1976**, do **not** use this form. Have your school(s) send undergraduate and graduate transcripts to the Office of the Professions. Verification from school(s) must also include practicum information.

**This form must be submitted directly by the educational institution. The Office of the Professions will not accept this form if submitted by the applicant.**

Section I: Complete this section before sending the entire form to your educational institution. Be sure to sign and date item 9 and include any fee required by the institution.

Section II: The Registrar must complete this section and return both pages of the form in a school envelope directly to the Office of the Professions at the address at the end of the form.

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### FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

**Complete this form if you hold, or ever held, a license or certificate to practice any profession\* in any jurisdiction.**

**This form must be submitted directly by the licensing/certifying authority. The Office of the Professions will not accept this form if submitted by the applicant.**

Section I: Complete this section before sending the entire form to the licensing/certifying authority of each jurisdiction in which you are or have been licensed/certified. Be sure to sign and date item 8.

Section II: The licensing/certifying authority must complete this section, sign, date and return both pages of the form directly to the Office of the Professions at the address at the end of the form.

Note: A Form 3A is not required for licenses/certificates issued by the New York State Education Department.

Please photocopy this form as needed.

\*Profession is defined as professional titles licensed under New York State Education Law. (See page 2 of the Address/Name Change Form at the end of this packet for a list of those titles.)

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**FORM 4A - IDENTIFICATION OF SUPERVISOR AND SETTING**

**This form should be submitted at the beginning of your supervised experience. When the Application for Licensure (Form 1), the fee, Certification of Professional Education Form (Form 2), and Identification of Supervisor and Setting Form are received and approved, you will receive verification (Form 6).**

**If application is not made until after the supervised experience begins, or at the end of the experience, it is still necessary to complete and submit this form.**

Section I: Complete this section and ask your employer and/or supervisor to complete Section II, Part A.

Section II: Complete parts B, C and D of this section with your employer and/or supervisor and then return the entire form directly to the Office of the Professions at the address at the end of the form.

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**FORM 4B - RECORD OF SUPERVISED EXPERIENCE**

**Your supervisor must send this form directly to the Office of the Professions at the end of the supervised experience. The Office of the Professions will not accept this form if it is submitted by the applicant.**

Section I: Complete this section before sending the entire form to your supervisor. Be sure to sign and date item 7 **once the work experience is complete.**

Section II: Your supervisor must review this section and complete the attestation then return both pages of the form directly to the Office of the Professions at the address at the end of the form.

If you completed your experience in the past and are certified by the American Speech-Language Hearing Association (ASHA), you may send a copy of the Clinical Fellowship Year (CFY) Plan and Report for consideration directly to the Office of the Professions at:

New York State Education Department, Office of the Professions  
Division of Professional Licensing Services  
Speech-Language Pathology and Audiology Unit  
89 Washington Avenue  
Albany, NY 12234-1000  
Phone: 518-474-3817 ext. 270  
Fax: 518-402-5354  
E-mail: [opunit3@mail.nysed.gov](mailto:opunit3@mail.nysed.gov)

However, Forms 4A and 4B are preferred, especially if the experience requirement was completed in New York State within the last five years. You may contact ASHA at:

ASHA  
2200 Research Blvd.  
Rockville, MD 20850-3289  
Phone: 800-498-2071  
E-mail: [actioncenter@asha.org](mailto:actioncenter@asha.org)  
Web: [www.asha.org](http://www.asha.org)

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**Completing Additional Forms**

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**FORM AD/NAME - ADDRESS/NAME CHANGE FORM**

You are required to notify us within 30 days of any name or address changes. Please read the instructions and complete the appropriate sections of this form.

**Speech-Language Pathologist  
and/or Audiologist**

**APPLICANT CHECKLIST**

Please complete and keep this checklist as a reminder of what forms you have filed and when you filed them. This is for your reference and should not be submitted with your application forms. You should keep a copy of all application forms submitted.

CHECK (✓) AND DATE EACH STEP WHEN COMPLETED.

\_\_\_\_\_ 1. Have you completed and sent the following to the Office of the Professions?

\_\_\_\_\_ A. FORM 1 - APPLICATION FOR LICENSURE

\_\_\_\_\_ B. FEE (\$294) - FOR LICENSURE AND FIRST REGISTRATION

\_\_\_\_\_ C. FORM 4A - IDENTIFICATION OF SUPERVISOR AND SETTING

\_\_\_\_\_ 2. Have you completed and forwarded the following forms to the appropriate institution(s) or individual(s) and checked with them to be sure they have submitted the information? Keep copies of the requests so that you may check with them to be sure they have submitted the information.

\_\_\_\_\_ A. FORM 2 - CERTIFICATION OF PROFESSIONAL EDUCATION

Sent to the following educational institutions:

Date sent

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ B. FORM 3 - VERIFICATION OF OTHER PROFESSIONAL LICENSURE/CERTIFICATION

Sent to the following jurisdictions:

Date sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ C. FORM 4B - RECORD OF SUPERVISED EXPERIENCE (must be submitted directly to the Office of the Professions by supervisor)

Sent to:

Date sent:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 3. Have you requested ETS to send your score report directly to the Office of the Professions (Code R7747)?

ETS:

Date sent:

\_\_\_\_\_  
\_\_\_\_\_

**TO SPEED PROCESSING OF YOUR APPLICATION:**

- Submit your application for licensure in plenty of time to allow verifying organizations to send the required independent verifications to the Office of the Professions. This may take eight weeks or more.
- Notify the Office of the Professions promptly of any address or name changes.
- Respond promptly to requests for additional information from the Office of the Professions.



**15** Please print clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.

**High School/Secondary School or GED Diploma issuer:**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Graduation date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Date GED issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

**Postsecondary/Preprofessional Education**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Date Degree/Diploma/Certificate awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr.

**Professional Education**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr. mo. day yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Date Degree/Diploma/Certificate awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 mo. day yr.

**16** Do you now hold, or have you ever held, a license or certificate to practice any profession\* in any jurisdiction?  Yes  No

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

\*Profession is defined as professional titles licensed under New York State Education Law.

Professional Title	State or Jurisdiction	Date License/Certificate Issued	License/Certificate Number	Limitations On License/Certificate

**17 Child Support Obligation**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A.  I am not under an obligation to pay child support

**OR**

B.  I am under an obligation to pay child support and (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

**18 Citizenship/Immigration Status:**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I am:**

- |                                                                                                                                                                      |                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A. A United States citizen or National.                                                                                                     | <input type="checkbox"/> F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.                                                                                 |
| <input type="checkbox"/> B. An alien lawfully admitted for permanent residence in the United States.                                                                 | <input type="checkbox"/> G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.                                                    |
| <input type="checkbox"/> C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.                                                        | <input type="checkbox"/> H. Non Immigrant (Temporarily in U.S.)<br>Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____ |
| <input type="checkbox"/> D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.                                                       |                                                                                                                                                                                                                           |
| <input type="checkbox"/> E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year. |                                                                                                                                                                                                                           |

If you checked any of the boxes from B-H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_

USCIS number

Expiration date

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

**19 Student Loan Disclosure**

The State Education Department is required\* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- A) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?  **Yes**  **No**
- B) If you have such a loan(s), is any part in default?  **Yes**  **No**

\*New York State Education Law, Section 6501-a

**20 Language, Gender and Ethnicity: (This item is optional.)**

Information on language is sought to allow the Education Department to collect and analyze data for research purposes and to share the information with New York State school districts for recruitment and potential scholarship purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Spanish       Haitian-Creole       Chinese       Russian       Korean

Other, please list the language(s): \_\_\_\_\_

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

Gender:       Male       Female

Ethnicity:       White (not Hispanic)       Black (not Hispanic)       Asian       Hispanic       Native American

**21 Education Program Review**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes     No    Please initial: \_\_\_\_\_

**22 Affidavit With Acknowledgment (Notarization required.)**

**Applicant**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          Month            Day            Year

**Notary**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature: \_\_\_\_\_

Notary ID number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                          Month            Day            Year

**Notary Stamp**

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department**



**Section II: Certification of Professional Education**

**Instructions to the Registrar:** Please complete Parts A, B and C as appropriate before sending both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. **This form will not be accepted if submitted by the applicant or any other party.**

Name of applicant: \_\_\_\_\_  
*(Section I, item 5)*

**PART A – New York State Licensure qualifying programs or American Speech-Language-Hearing Association (ASHA) - Accredited Programs Outside of New York State**

**Please complete this part if your Speech-Language Pathology and Audiology graduate program was at the time the degree was awarded, registered as licensure qualifying by the New York State Education Department or, if outside New York State, accredited by ASHA.**

It is hereby certified that the above named applicant completed all his/her graduate degree requirements on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.  
and was awarded the degree/diploma of \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART B - All Other Programs**

**Please complete this part if your Speech-Language Pathology and Audiology graduate program was not at the time the degree was awarded, registered as licensure qualifying by the New York State Education Department or, if outside of New York State, was not accredited by ASHA. An official transcript or marksheet including courses and practicum information must be attached.**

It is hereby certified that the above named applicant completed all his/her graduate degree requirements on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.  
and was awarded the degree/diploma of \_\_\_\_\_ on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART C - Certification (To be completed by ALL schools)**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or Type Name: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**(INSTITUTION SEAL)**

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology and Audiology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**



**Section II: Verification of Other Professional Licensure/Certification**

**Instructions to the Licensing/Certifying Authority:** Please complete items 1-4, sign and date the certification and return both pages of this form in an official envelope **directly** to the Office of the Professions at the address below. **This form will not be accepted if returned by the applicant.** Attach additional sheets if necessary.

1. Name of applicant: \_\_\_\_\_  
(Section I, item 6)

2. Professional title on license/certificate: \_\_\_\_\_

License/certificate number: \_\_\_\_\_

Date of licensure/certification: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

3. Verification of licensure/certification

What requirements did the applicant meet to become licensed/certified in your jurisdiction?

Education: Degree: \_\_\_\_\_

Examination: Examination Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Score: \_\_\_\_\_  
mo. day yr.

Experience:  None  \_\_\_\_\_ hours Describe (i.e., clock hours) \_\_\_\_\_

Endorsement of license from or reciprocity with: \_\_\_\_\_  
(name of jurisdiction)

4. A. Has the applicant identified in Section I been subject to any disciplinary action?  Yes  No
- B. Are any charges pending against this individual?  Yes  No

**If the answer to either A or B is "yes," please attach a complete explanation with any supporting documentation.**

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named above. I further certify that, except as noted in item 4 above or in any attachments, this licensing authority has never taken any disciplinary action against this person and that in so far as the licensing authority has knowledge, there have been no charges preferred nor has any information been presented relating to any question of unprofessional or immoral conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Licensing/certifying authority: \_\_\_\_\_ **(SEAL)**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology and Audiology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**



**Section II: Identification of Supervisor and Setting (continued)**

**Part B - Applicant Experience Information**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

Site: \_\_\_\_\_

Address: \_\_\_\_\_

If more than 2 sites, please attach an additional sheet of paper listing the name and address of each site.

Beginning date of supervised period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending date of supervised period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr. mo. day yr.

Total number of hours per week worked by the applicant: \_\_\_\_\_.

(Note: If working part-time, the applicant must meet the full-time requirement of at least 36 weeks.)

**Part C - Supervised Experience Requirements**

To successfully complete the supervised experience in Speech Language Pathology the applicant must meet all the following requirements:

- Complete at least 36 weeks of supervised experience within any four-year period following completion of the educational program. (A week of acceptable experience is defined as not less than 35 clock hours.)
- If the experience is part-time, it must be accumulated at the rate of not less than 12 hours per week for continuous periods of not less than six months.
- Supervision of the experience shall include meeting with and observing the applicant on a regular basis to review and evaluate the supervised experience and to foster professional development; regular observation of the applicant while the applicant is providing assessment and intervention services; and take place at the beginning of the treatment and periodically throughout the treatment. The supervisor shall be familiar with the applicant's treatment plans, have ongoing involvement in the care provided, and review the need for ongoing services. Please note that the New York State Board for Speech-Language Pathology & Audiology recommends a minimum of 3 hours per week of direct supervision.

Audiology applicants should review the Web site at [www.op.nysed.gov/prof/slpa](http://www.op.nysed.gov/prof/slpa) or contact the Audiology Board office by e-mailing [speechbd@mail.nysed.gov](mailto:speechbd@mail.nysed.gov) for a description of experience requirements.

**Part D - Applicant/Supervisor/Employer Certification of Agreement to the Plan for Supervision**

\_\_\_\_\_  
Signature of applicant Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

\_\_\_\_\_  
Signature of supervisor Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

**Employer Certification**

Employment must be verified by an official administrator other than the supervisor.

As the employer of the applicant, I agree to the proposed plan of supervision:

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo. day yr.

Print or type name \_\_\_\_\_

Title \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology and Audiology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**



**Section II: Verification of Supervised Experience**

**Instructions to the Supervisor:** Complete this section and return both pages of this form directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. **This form will not be accepted if returned by the applicant. Please be sure the return address is that of the supervisor or the agency.**

**Supervised Experience Requirements**

To successfully complete the supervised experience in Speech Language Pathology the applicant must meet all the following requirements:

- Complete at least 36 weeks of supervised experience within any four-year period following completion of the educational program. (A week of acceptable experience is defined as not less than 35 clock hours.)
- If the experience is part-time, it must be accumulated at the rate of not less than 12 hours per week for continuous periods of not less than six months.
- Supervision of the experience shall include meeting with and observing the applicant on a regular basis to review and evaluate the supervised experience and to foster professional development; regular observation of the applicant while the applicant is providing assessment and intervention services; and take place at the beginning of the treatment and periodically throughout the treatment. The supervisor shall be familiar with the applicant's treatment plans, have ongoing involvement in the care provided, and review the need for ongoing services. Please note that the New York State Board for Speech-Language Pathology & Audiology recommends a minimum of 3 hours per week of direct supervision.

Audiology applicants should review the Web site at [www.op.nysed.gov/prof/slpa/](http://www.op.nysed.gov/prof/slpa/) or contact the Audiology Board office by e-mailing [speechbd@mail.nysed.gov](mailto:speechbd@mail.nysed.gov) for a description of experience requirements.

**Guidelines for Professional Competence**

General - The applicant

1. Demonstrates ability to communicate effectively.
2. Demonstrates understanding of human growth and development.
3. Demonstrates professional responsibility and conduct.
4. Displays understanding of the roles and responsibilities of other professionals and the importance of interdisciplinary cooperation.

Specific - The applicant

1. Applies a functional understanding of communication development in the delivery of clinical services.
2. Uses appropriate, representative methods and materials in diagnosis/assessment.
3. Effectively uses appropriate equipment in diagnosis/assessment and treatment/remediation.
4. Plans, organizes, and implements an effective and efficient treatment/remediation program.
5. Displays a fundamental knowledge of the principles underlying the treatment/remediation of communication disorders, uses appropriate methods and techniques in the provision of services, and maintains appropriate records.

**Attestation**

Name of Applicant: \_\_\_\_\_  
(Section I, item 3)

The applicant named above:  has successfully completed \_\_\_\_\_ weeks of supervised experience as outlined above.  
 has not successfully completed a supervised experience as outlined above.

Comments (please attach a separate sheet, if additional space is needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that I have completed the above form and that the statements made are true, complete and correct.

Signature of supervisor \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or type name \_\_\_\_\_

New York State License Number \_\_\_\_\_ ASHA number (if applicable) \_\_\_\_\_

If not licensed in New York State, list all jurisdictions where you are licensed \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology and Audiology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**

**ADDRESS/NAME CHANGE FORM**

**INSTRUCTIONS**

Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by E-mail: oparchiv@mail.nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.
- **For name changes only:** Complete Sections I, III, IV and V. **Name changes** require an original notarized signature in your new name and cannot be accepted prior to your official change of name. Sign the Section IV affidavit and have your signature notarized by a notary public. Currently registered licensed professionals will be sent a new registration certificate.
- **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' Web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

**Section I: Your General Information**

1. Name (currently on record): \_\_\_\_\_

2. Social Security Number:           Birth Date: Month   Day   Year

Telephone: Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Are you reporting an address and/or name change?  address change  name change  both

4. Effective date of change: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Note: Changes cannot be accepted until after the effective date.)**

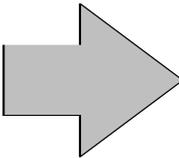
5. Licensure status in New York State:

I am an applicant for licensure in New York State for the licensed profession(s) of: \_\_\_\_\_

I am currently licensed in New York State in the profession(s) of: \_\_\_\_\_ (see list of professions on page 2)

\_\_\_\_\_ New York State license number:

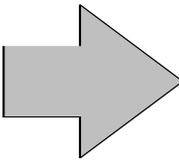
**Section II: Address Change (please print)**

Information <u>C</u> urrently On Record		New Information
Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____		Apt./Bldg. _____ Street _____ City _____ State _____ Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Province or Country (if not U.S.) _____

Is this new address a business address?  Yes  No

**Failure to answer this question will result in your address being deemed a business address and, therefore, public information.**

**Section III: Name Change (please print)** If you are reporting a name change, please sign using your **NEW** name in Section IV. Your new signature must be notarized for any name changes. **If you are currently registered you will receive a new registration certificate.**

Information <u>Currently</u> On Record		New Information
Last Name _____		Last Name _____
First Name _____		First Name _____
Middle or Initial _____		Middle or Initial _____

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment.

**Section IV: Affidavit**

*I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section V: For Name Changes Only: Notary Certification And Identification**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp

**Professional Titles Licensed Under Education Law**

(See item #5 on page 1 of the form.)

Acupuncturist  
Architect  
Athletic Trainer  
Audiologist  
Certified Clinical Laboratory Technician  
Certified Dental Assistant  
Certified Histological Technician  
Certified Public Accountant  
Certified Shorthand Reporter  
Chiropractor  
Clinical Laboratory Technologist  
Creative Arts Therapist  
Cytotechnologist  
Dental Hygienist  
Dentist  
Dietitian/Nutritionist  
Interior Designer

Landscape Architect  
Land Surveyor  
Licensed Clinical Social Worker  
Licensed Master Social Worker  
Licensed Practical Nurse  
Marriage and Family Therapist  
Massage Therapist  
Medical Physicist  
Mental Health Counselor  
Midwife  
Nurse Practitioner  
Occupational Therapist  
Occupational Therapy Assistant  
Ophthalmic Dispenser  
Optometrist  
Pharmacist  
Physical Therapist

Physical Therapist Assistant  
Physician  
Podiatrist  
Professional Engineer  
Psychoanalyst  
Psychologist  
Public Accountant  
Registered Physician Assistant  
Registered Professional Nurse  
Registered Specialist Assistant  
Respiratory Therapist  
Respiratory Therapy Technician  
Speech-Language Pathologist  
Veterinarian  
Veterinary Technician

**New Applicants**  
**mail to** → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, (insert name of profession from above list) Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**Licensees**  
**mail to** → New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.



**The State Education Department  
Office of the Professions  
Division of Professional Licensing Services  
89 Washington Avenue  
Albany, NY 12234-1000**