

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.