Form 2

Speech-Language Pathologist □  Audiologist □

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

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.

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.

2. Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. This form will not be accepted if submitted by the applicant.

3. An official transcript or marksheets and practicum information are required if you completed a program that is not registered by the Department as licensure qualifying or a program accredited by the American Speech-Language Hearing Association (ASHA) at the time of your graduation.

Section I: Applicant Information

1. Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

2. Birth Date

Month  Day  Year

3. Print Name as It Appears on Your Application for Licensure (Form 1)

Last

First

Middle

4. Mailing Address

You must notify the Department promptly of any address or name changes.

Line 1

Line 2

Line 3

City

State

Zip Code

Country/Province

5. Print your name as it appears on your degree or diploma.

Name: ________________________________________________________________________________

6. School attended:

(Name)  (city/state or country)

7. Name of degree/diploma awarded:

____________________________________________________________________________________

8. Date degree/diploma awarded:  /  /  

mo.  day  yr.

9. I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant’s Signature

Date
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: _______ / _______ / _______
Print or Type Name: _____________________________________________________________
Title or official position: _________________________________________________________
Institution: _____________________________________________________________________
Address: ______________________________________________________________________
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.