Form 3	
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

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)

•	*Profession is defined as professional titles licensed under New York State Education Law (see page 2 of the Address/Name Change Form).																																		
	Applicant Instructions																																		
1.																																			
2.	. Send this entire form to the appropriate licensing/certifying authority for completion of Section II. Be sure to include any fee required by that licensing/certifying authority. We must receive a Form 3 for all licenses/certificates you ever held except those issued by the New York State Education Department. This form will not be accepted if submitted by the applicant.																																		
Sec	ction I: Ap	plicar	nt In	form	natio	on																													_
1	Social Security Number 2 Birth Date Month Day Year																																		
	(Leave this blank if you do not have a U.S. Social Security Number)																																		
3	Print Name as It Appears on Your Application for Licensure (Form 1)																																		
	Last	_ast																																	
	First					j				寸																									
	Middle																																		
4	Mailing Address (You must notify the Department promptly of any address or name changes.)																																		
	Line 1	П]													
	Line 2																																		
	Line 3																																		
	City	Dity																																	
	State																																		
	Country/ Province																																		
5	Licensing/certifying authority to which this form is being sent:																																		
	Print name of licensing/certifying authority																																		
6	Print you	ır name	e as	it ap	pea	ars o	on y	our I	icer	nse/	cert	ificat	te fı	rom	the	lice	ensi	ng/c	ertify	ying	au	thor	ity I	iste	d ir	n it	em	5.							_
	Print name																																		
	Professional title on license/certificate issued																																		
7	Did you complete the examination required for licensure/certification under any non-standard conditions (e.g., the use of a dictionary or extra time for applicants whose primary language is other than English)?																																		
8										_																									
	mail it to	the Ne	ew Y	ork :	State	е Ес	duca	ation	De	part	mer	nt an	d to	o rel	eas	e a	ny d	other	info	orma	atio	n re	qui	red	by	the	e St	ate	Ed	ucat	ion I	Оера			
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Section II: Verification of Other Professional Licensure/Certification	
Instructions to the Licensing/Certifying Authority: Please complete items 1-4, sign and dethis form in an official envelope directly to the Office of the Professions at the address below 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: / / / wo. day yr.	
3. Verification of licensure/certification	
What requirements did the applicant meet to become licensed/certified in your jurisdiction	on?
Education: Degree:	
Examination: Examination Title: Date:	// Score:
Examination: Examination Title: Date:	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 a	any supporting documentation.
Certification	
I hereby certify that to the best of my knowledge and belief the foregoing is a true statement further certify that, except as noted in item 4 above or in any attachments, this licensing authagainst this person and that in so far as the licensing authority has knowledge, there have beinformation been presented relating to any question of unprofessional or immoral conduct.	nority has never taken any disciplinary action
Signature:	Date: / /
Print name:	mo. day yr.
Title:	
Licensing/certifying authority:	(SEAL)
Address:	
Telephone: Fax:	
E-mail Address:	
Return Directly to: New York State Education Department, Office of the Professions, Speech-Language Pathology and Audiology Unit, 89 Washington	
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