Affidavit of Professional Practice for Endorsement Applicants
Post-Licensure Experience Only

Applicant Instructions
Complete Section I and forward this form to the licensed speech-language pathologist or audiologist who will endorse your licensure application (the endorser must be licensed in the jurisdiction where you were employed). Be sure to sign and date item 7. Ask your endorser to complete Section II and send the entire form directly to the address at the end of this form. This form should be used for post-licensure experience only. This form will not be accepted if returned by the applicant.

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. Telephone/E-Mail Address
   Daytime phone
   Area Code Phone
   E-mail Address (please print clearly)

6. Name of Endorser:
   Address of Endorser:
   Duration of Experience: From: _______ / _______ To: _______ / _______
   month year month year

7. I request and give my permission to the individual 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 Signature Date
Name of applicant: _____________________________________________________________________________________________

(Section I, item 3)

Endorser must check one of the following:

☐ I am a speech-language pathologist licensed and in good standing in the state or jurisdiction where applicant is licensed.

☐ I am an audiologist, licensed and in good standing in the state or jurisdiction where applicant is licensed.

I know him/her to be of good moral character, and recommend him/her to the State Board for Speech-Language Pathology and Audiology and the Department as entirely worthy to be licensed to practice in the State of New York. I know that said applicant has practiced as follows:

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<thead>
<tr>
<th>Date</th>
<th>Name and Address of Employer or Activity</th>
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<tbody>
<tr>
<td>From</td>
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<td>To</td>
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Affirmation

I declare and affirm that the statements above are true, complete and accurate and further acknowledge that I am aware of the fact that, pursuant to Penal Law §175.30, a person who knowingly offers a false instrument for filing to a public official or a public servant is guilty of Offering a False Instrument for Filing in the 2nd Degree, a Class A Misdemeanor.

Signature of Endorser ______________________________________________________________ Date _______ / _______ / _______

Print name _______________________________________________________________________

Endorser Title __________________________________________________________________

Title of Endorsee __________________________________________________________________

License number ____________________________ ASHA number: ____________________________

State ____________________________________________________________________________

Address _________________________________________________________________________

________________________________________________________________________________

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