

# Form 4E

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

**Speech-Language Pathologist**

**Audiologist**

## 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 **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   
First   
Middle

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

**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

**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 \_\_\_\_\_

**Section II: Endorsing licensed Speech-Language Pathologist or Audiologist**

**Endorser Instructions:** Complete this section and return the entire form directly to the Office of the Professions at the address below. Be sure to sign and date the affirmation below.

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:

Date		Name and Address of Employer or Activity
From	To	

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

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.**