



**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.**