

REGISTRATION REMITTANCE ADDENDUM

Speech-Language Pathologist Audiologist

Continuing Competency Effective January 1, 2001: Every audiologist and speech-language pathologist registered to practice in New York State must complete approved continuing competency learning activities. Audiologists and speech-language pathologists are required to complete 30 hours of continuing competency learning activities during each three year registration period. At least 20 of the 30 hours must be in professional areas as defined by the scope of practice. A maximum of 10 hours may be obtained in areas related to practice, as defined in Commissioner's Regulations. Professionals licensed in both professions may use the 10 "related" hours for both registration in audiology and speech language pathology, provided that the hours were completed in the three-years preceding registration. Audiologists who are registered with the Department of State as hearing aid dispensers must, as part of their "professional" hours, complete six hours every three years in the selecting and/or fitting of hearing aids.

Both newly graduating audiologists and speech-language pathologists are exempt from the requirement for the first 3 years following initial licensure.

Each licensee must maintain documentation of completion of required learning activities for a period of six (6) years and may be subject to audit by the New York State Education Department. Do not send any continuing competency documents with this application.

For additional information, see the booklet "Information on Continuing Competency Requirements for Speech-Language Pathologists and Audiologists."

The following instructions are ONLY for those individuals who have NOT met the continuing competency requirements. Individuals who have NOT met the continuing competency requirement MUST choose one of the following options and return this form with their Registration Remittance Document and fee (if required). Your signature indicates agreement with the terms of the option you have selected.

1. I do not intend to practice in New York State during the period indicated on the Registration Remittance Document, and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing competency requirement until such time as you intend to resume practicing in New York State. At that time, you must meet certain continuing competency requirements **prior to reactivating your registration**. You may not practice audiology and/or speech-language pathology in New York State if you are not registered.

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

2. I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one-year conditional registration;
- complete the continuing competency hours you are lacking from your previous registration period during that year;
- in addition, complete the regular continuing competency requirement (10 hours) for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of completion of the continuing competency requirement and pay the registration fee for the remaining two years of your registration cycle.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Remittance Document that you must complete and submit with the fee and proof of completion of the requirements before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

3. I request an ADJUSTMENT to the continuing education requirements for registration.

The Department may grant an adjustment (**not** an exemption) to the requirement for:

- poor health certified by a physician
- a specific physical or mental disability certified by an appropriate health care professional
- extended active duty with the armed forces of the United States
- evidence of extreme hardship which, in the judgment of the Department, makes it impossible for the licensee to comply with the continuing education requirements in a timely manner.

A written explanation documenting the circumstances which prevented compliance with Education Law must be included with this form.

IF YOU HAVE NOT MET THE CONTINUING COMPETENCY REQUIREMENT, SUBMIT THIS FORM WITH YOUR REGISTRATION REMITTANCE DOCUMENT AND APPROPRIATE FEE (IF REQUIRED) IN THE ENVELOPE PROVIDED.

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Speech-Language Pathology & Audiology
New York State Education Department
89 Washington Avenue, Second Floor East Wing
Albany, New York, 12234-1000

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