

Speech-Language Pathology Form 1LL

Application for Limited License as a Speech-Language Pathologist

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services

Applicant Instructions

1.	58	\$70	PR
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1. A limited license authorizes an applicant for licensure to practice under the supervision of a licensed and currently registered speech-language pathologist in order to complete the experience requirement for licensure. Complete Section I. Be sure to sign and date item 9. It is your responsibility to ensure that your supervisor fully completes Section II.
2. You may apply for a limited license either at the same time as or after submitting an application for a license as a speech-language pathologist in New York State. If you have not yet filed an Application for Licensure (Form 1) and the licensure fee (\$294), you must submit them with this form and the limited license fee. A limited license **cannot be issued** until **all required documents** have been received and approved.
3. Submit this application and the \$70 fee to the Office of the Professions at the address at the end of this form.
4. If you change or have additional settings or supervisors after a limited license is issued, you must obtain a reissued limited license. Complete a new Form 1LL with each prospective supervisor, and return it to the Office of the Professions. A new fee is not required for a limited license issued as a result of a change in supervisor or setting.
5. The limited license is valid for a period of one year. The limited license may be renewed for additional one year periods until the applicant has completed the experience requirement for licensure. To apply for an renewal you must submit a new application for a limited license and a fee of \$70.

Section I - Applicant Information

2. Social Security Number _____ 3. Birth Date _____ Month _____ Day _____ Year _____
(Leave this blank if you do not have a U.S. Social Security Number)
4. Print Your Name Exactly As It Appears On Your Application for Licensure (Form 1) _____ 6. Telephone/Email Address _____
Last _____ Daytime Phone _____
First _____ Area Code _____ Phone _____
Middle _____ Email Address (please print clearly) _____
5. 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 _____

7. I am applying for Original Limited License (include \$70 fee) Renewal (include \$70 fee)
 Additional Setting Additional Supervisor
 Change of Setting* Change of Supervisor*
*If you are applying for a change of setting or supervisor, please indicate the setting and/or supervisor being cancelled

8. Name of prospective employer _____

9. Attestation

I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, my application may be cause for denial of limited license and licensure and may result in criminal prosecution.

Applicant's Signature

Date

Section II - Supervisor's Certification of Employment

A limited license may be issued to an applicant who has met all requirements for licensure except the experience requirement and authorizes the applicant to practice speech-language pathology only under the supervision of a licensed and currently registered speech-language pathologist. The limited license is valid for one year and may be renewed for additional one year periods until the applicant has completed the experience requirements for licensure.

The applicant named in Section I is seeking a limited license to practice as a speech-language pathologist in New York State. Complete the information below to certify that the applicant will be supervised at the setting named below.

Applicant's Name _____
(Section I, item 4)

Supervisor's Name (print full name - no initials) _____

New York State speech-language pathologist license number _____

ASHA Certification Number _____

Employment Setting

Name _____

Address _____
(Street)

_____ City (State/Province) (ZIP Code) (Country)

Hours per week the applicant is employed at this setting (Applicants must work a minimum of 12 hours per week) _____

Attestation of Supervisor

By completing the information in Section II and signing this attestation, I am certifying that the applicant will only practice speech-language pathology under the supervision of a licensed speech-language pathologist who is licensed and currently registered in New York State.

I declare that the statements made in Section II are true, complete and correct. Any false or misleading information in, or in connection with this certification, may cause for disciplinary action against my license.

Signature _____ Date _____

Print Name _____

Address _____

Telephone _____

Fax _____

Email _____

If you are applying for an original limited license or renewal; mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201 U.S.A.. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

If you are ONLY applying for a change of, or additional supervisor/employer; mail this form to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Speech-Language Pathology & Audiology Unit, Albany, NY 12234-1000 U.S.A.. **No fee is needed for this option.**