

FORM 2

Speech Language Pathologist

Audiologist

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

If you received your graduate degree before April 1, 1976, do **not** use this form.

- Complete Section I. Enter your name as it appears on your licensure application (Form 1). Be sure to sign and date item 9.
- Send this form to the institution(s) you attended and ask the registrar or designee to complete the appropriate parts of Section II and forward the form in an official school envelope directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. This form will not be accepted by the Office of the Professions if submitted 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 EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (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 If different from above, print exact name under which your degree was awarded.

Name _____

6 School attended: _____
(Name) (city/state or country)

7 Date of degree: _____ / _____ / _____
Month Day Year

8 Name of degree: _____

9 I request and give my permission to the school 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's signature: _____ Date: _____ / _____ / _____
mo. day yr.

SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO INSTITUTION: Please print name of this applicant below and complete:

1. Either Part A or Part B, as appropriate; and
2. Part C

Please return this form **directly** to the Office of the Professions at the address shown below. **DO NOT RETURN THIS FORM TO THE APPLICANT.**

Applicant name: _____
(See Section I, item 3)

PART A – New York State Licensure qualifying programs or American Speech-Language-Hearing Association (ASHA) - Accredited Programs Outside of New York State

Please complete this part if your Speech-Language Pathology and Audiology graduate program is, or was at the time the degree was awarded, registered as licensure qualifying by the New York State Education Department or, if outside New York State, accredited by ASHA.

It is hereby certified that the above named applicant completed all his/her graduate degree requirements on: ____ / ____ / ____, and
mo. day yr.
was awarded the degree of _____ on the date of ____ / ____ / ____,
mo. day yr.

PART B – All Other Programs

Please complete this part if your Speech-Language Pathology and Audiology graduate program is, or was at the time the degree was awarded, **not** registered as licensure qualifying by the New York State Education Department or, if outside of New York State, was not accredited by ASHA. **An official transcript or marksheet including courses and practicum information must be attached.**

It is hereby certified that the above named applicant completed all his/her graduate degree requirements on: ____ / ____ / ____, and
mo. day yr.
was awarded the degree of _____ on the date of ____ / ____ / ____,
mo. day yr.

PART C – ATTESTATION BY REGISTRAR TO BE COMPLETED BY ALL SCHOOLS. This form will not be accepted if the date below precedes the date when the degree was conferred.

I certify that the information provided is true and correct according to our records.

Signature: _____ Date: ____ / ____ / ____
mo. day yr.

Type or print name: _____

Title or official position: _____

**(INSTITUTION
SEAL)**

Institution: _____

Address: _____

Telephone number: _____

Fax: _____

E-mail: _____

**RETURN DIRECTLY
TO:** 

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