

## MANDATORY CONTINUING EDUCATION QUESTIONNAIRE FOR DELAYED REGISTRATION

To review continuing education requirements specific to your profession, please visit [www.op.nysed.gov/proflist.htm](http://www.op.nysed.gov/proflist.htm). Please provide the information requested below. Submit this form with appropriate documentation and the delayed registration application (and fee if applicable) in the envelope provided.

### **For Certified Public Accountants and Public Accountants Only:**

**Please skip questions 1-3 and complete the bottom of this page**

If you **have not** engaged in public practice since your registration expired, please complete the Continuing Education Summary on page 2 of this form documenting 24 hours of acceptable MCE within the last 12 months.

If you **have** engaged in public practice at any time since your last registration expired, please complete the Continuing Education Summary on page 2 of this form and provide documentation showing that you have met your MCE during the period of unregistered practice.

**1. During the period that you were not registered to practice in New York, were you lawfully practicing this profession in another jurisdiction?** (For continuing education information specific to your profession, please visit [www.op.nysed.gov/proflist.htm](http://www.op.nysed.gov/proflist.htm).)

**Yes**, I was practicing this profession in a jurisdiction other than New York State.

**Name of jurisdiction:** \_\_\_\_\_ **Last date of practice:** \_\_\_\_\_

**No**, I did not practice this profession in another jurisdiction. (**Speech-Language Pathologists and Audiologists must answer question 2. All others may skip to question 3**)

**2. Have you taken any continuing education related to your profession within the last 36 months?** (For continuing education information specific to your profession, please visit [www.op.nysed.gov/proflist.htm](http://www.op.nysed.gov/proflist.htm).)

**Yes**, I took \_\_\_\_\_ hours of continuing education **within the last 36 months**. Please complete the Continuing Education Summary Table on page 2 of this form and attach copies of your certificates of completion or transcripts.

**No**, I have not completed any continuing education within the last 36 months.

**3. Have you taken any continuing education related to your profession within the last 12 months?** (For continuing education information specific to your profession, please visit [www.op.nysed.gov/proflist.htm](http://www.op.nysed.gov/proflist.htm).)

**Yes**, I took \_\_\_\_\_ hours of continuing education **within the last 12 months**. Please complete the Continuing Education Summary Table on page 2 of this form and attach copies of your certificates of completion or transcripts.

**No**, I have not taken any continuing education within the last 12 months.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print Name: \_\_\_\_\_

Profession: \_\_\_\_\_ License number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

