

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

Speech and Language Pathologist

AFFIDAVIT

Waiver of Continuing Education while not actively practicing:

I, _____, being duly sworn, attest that:

1. I am a licensed clinical speech and language pathologist in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of speech and language pathology in the State of Connecticut;
3. I, therefore, claim an exemption for the above-specified period from the continuing education requirements that specifies that each licensee actively engaged in the practice of speech and language pathology must complete a minimum of 20 contact hours during the registration period.
4. I understand that, should I resume the practice of speech and language pathology in the State of Connecticut, I must complete 7 hours of continuing education within six (6) months of returning to active practice.

OR

Waiver of continuing education due to medical disability/illness

I hereby declare my eligibility for a waiver of the continuing education requirements based on a medical disability/illness pursuant to Section 20-411a(f), Connecticut General Statutes. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from _____ to _____.

5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Speech and Language Pathologist License Number

Subscribed and Sworn before me this

_____ day of _____, 20_____.

Notary Public

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