

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

AFFIDAVIT

Waiver of Continuing Education while not actively practicing:

I, _____, being duly sworn, attest that:

1. I am a licensed audiologist in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of audiology 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 audiology must complete a minimum of 20 contact hours during the registration period.
4. I understand that should I resume the practice of audiology in the State of Connecticut, I must complete a minimum of 20 contact hours of continuing education prior to resuming the active practice of audiology.

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 20-395d(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

Audiology License Number

Subscribed and Sworn before me this
_____ day of _____, 20_____.

Notary Public