## Military Spouse: Request for Expedited Application Process

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

The intent of this process is to expedite the review of licensure applications for spouses of active duty members of the military, so that they can begin the practice of their profession in New York State. Complete this form and submit it, along with **all other forms, documentation, and licensure\* and registration fees required for your profession. If qualified**, you can expect your application to receive expedited processing. Information about each of the professions and their requirements for licensure can be found on the Office of the Professions' website at www.op.nysed.gov. **Be sure this request form is the <u>FIRST PAGE</u> of your Form 1, so staff can easily identify the request for expedited processing.** 

You must provide proof that you are married to and living with an active-duty member of the armed forces of the United States, National Guard, or reserves who is stationed in New York State, or is assigned by orders to become stationed in New York State. **Be sure to attach a copy of your military dependent ID card and a copy of your spouse's military orders to this application.** 

\*The initial licensure **application fee** (**not registration**) for Military Spouses is reduced by half. For a list of the applicable fees for each profession, please see our website at www.op.nysed.gov/prof/militaryspouse.htm.

Submit all forms, including Form 1 for the profession you are applying for, along with documentation and fees required to the Office of the Professions at the address at the end of this form. Do not submit either form to the address at the end of Form 1.

Profession _	(From your Form 1)																					
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☐ Check this box if you are currently married to and living with a member of the armed forces of the United States, National Guard, or reserves who is on active duty and assigned to a duty station in New York State. <b>Be sure to attach a copy of your military dependent ID card and a copy of your spouse's military orders to this application.</b>																						
I declare and affirm that the statements made in this application, including accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.																						
Applicant's S	pplicant's Signature													Date								
Return all forms, documentation and fee to The New York State Education Department, Office of the Professions, Registration and Fees Unit, 89 Washington Avenue, Albany, NY 12234-1000																						

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