# Audiologist/Speech-Language PathologistVerification of Licensure and/or ASHA Certification

Name:
(If name was changed within the past 12 months, please include former name)

Email Address:

Work Phone:

## I hold the following currently valid credentials to practice (please check all that apply):

* ASHA Certificate of Clinical Competence in:

[ ]  Audiology [ ]  Speech-Language Pathology

* State license from       as:

[ ]  Audiologist [ ]  Speech-Language Pathologist

State License #:       Date of renewal:

* School certification from       as:

[ ]  Speech-Language Pathologist

## Current Practice/Facility:

Name:

Address:

## I attest the above to be true and accurate:

Signature:

Date: