CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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FIELDWORK EXPERIENCE VERIFICATION FORM
SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAMS

Complete all sections of the form and submit to college or university for verification and for signature by the current training program director/coordinator.

APPLICANT'S NAME: _____

UNIVERSITY OR COLLEGE: _____

SUPERVISORS FULL NAME	LICENSE NO.	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE FROM (MO/YR)	TO MO/YR)	HOURS EARNED
			GRAND TOTAL:		

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application, or suspension or revocation of a license.

Printed Name of Current Training Program Director/Coordinator _____ Date _____

Signature of Current Training Program Director/Coordinator _____ Date _____

Applicant's Signature _____ Date _____