



REQUEST FOR LICENSE VERIFICATION
AUDIOLOGISTS, SPEECH-LANGUAGE PATHOLOGISTS (SLP)
SLP ASSISTANTS, SLP OR AUDIOLOGY AIDES
\$25 (non-refundable)

This form must be completed to request verification of your license to another state or entity. If you are requesting more than one License Verification, please submit a separate form for each request.

All requests must include the \$25 processing fee per request, which may be submitted by either check or money order made payable to SLPAHADB. You may include a single check for multiple requests for the same licensee.

NOTE: If you would like to have your verification sent by overnight mail (e.g. UPS, FedEx,), a prepaid envelope must be included with your request. Otherwise, the verification will be sent by regular U.S. mail and also emailed to the agency identified below. All requests are processed in the order they are received.

LICENSEE INFORMATION

NAME: _____
(Please provide name the license was issued under if different from current name)

LICENSE TYPE: (Check one) ☐ SLP ☐ AU ☐ SPA ☐ RPE ☐ AIDE

LICENSE NUMBER: _____ **LICENSE ISSUE DATE:** _____ **EXPIRATION DATE:** _____

PHONE: _____ **EMAIL ADDRESS:** _____

AGENCY INFORMATION

AGENCY NAME (If Applicable): _____

ATTENTION: _____

MAILING ADDRESS (Street): _____

(City, State, Zip Code): _____

EMAIL ADDRESS: _____

This certification is provided in good faith. If the fee does not clear the financial institution, this certification is considered invalid and the licensee will be notified.

Signature

Date