

**DEPARTMENT OF HEALTH
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

**CERTIFICATION OF COMPLETING
ACADEMIC REQUIREMENTS OF A DOCTORAL PROGRAM
Form SPA-0002E**

Print clearly in black ink or type the following information.

THIS IS TO CERTIFY THAT _____
(Name of Applicant)

Has completed all academic requirements for a Doctoral Program with a major emphasis in speech-language pathology or audiology.

Speech Language Pathology Audiology
(check appropriate area of emphasis)

The Doctoral Degree will be received on or about _____,

from

(Name of Institution)

School Seal

Signature of University Official

Date

Registrar

Date

(NOTE: AN OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS FORM)

DH-SPA-0002E Effective 08/04/03 Reference 64B20-2.002 (b)